

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

12

02

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>2010Y Y Y</div>		2190847.18
(b) Cash on Hand at Beginning of Reporting Period	1483411.02	
(c) Total Receipts (from Line 19)	342787.98	1693980.71
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1826199.00	3884827.89
7. Total Disbursements (from Line 31)	297577.79	2356206.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1528621.21	1528621.21
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	201065.69	765902.92
(ii) Unitemized	55790.08	320121.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)	256855.77	1086024.86
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	256855.77	1086024.86
12. Transfers From Affiliated/Other Party Committees	81800.00	571482.61
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	14637.54
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	4000.00	19750.00
17. Other Federal Receipts (Dividends, Interest, etc.)	132.21	2085.70
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	342787.98	1693980.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	342787.98	1693980.71

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	-524641.17	12739.37	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	-524641.17	12739.37	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	161350.00	1430225.31	
24. Independent Expenditure (use Schedule E)	658868.96	910324.50	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	725.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	725.00	
29. Other Disbursements.....	2000.00	2192.50	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	297577.79	2356206.68	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	297577.79	2356206.68	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	256855.77	1086024.86
34. Total Contribution Refunds (from Line 28(d))	0.00	725.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	256855.77	1085299.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-524641.17	12739.37
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	14637.54
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-524641.17	-1898.17

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Rock

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 18680728

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms. Cheryl Nester-Wolfe

Mailing Address 252 Muirfield Avenue SE

City State Zip Code
Salem OR 97306-8594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem Hospital

Occupation
Sr. VP, Patient Care, Chief Nursing Of

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 18680976

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary Ann Hewston, MPM, BSN,

Mailing Address 10501 State Hwy 285

City State Zip Code
Conneaut Lake PA 16316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meadville Medical Center

Occupation
Director, Clinical and Support Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 18681048

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John H Tobin

Mailing Address 64 Robbins Street

City

Waterbury

State

CT

Zip Code

06708-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waterbury Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 18681054

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms Nancy Harris

Mailing Address P O Box 250

City

Marshall

State

MO

Zip Code

65340-0250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fitzgibbon Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 18681064

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. John F Bringham

Mailing Address Box 589

City

Petersburg

State

AK

Zip Code

99833-0589

FEC ID number of contributing
federal political committee.

C

Name of Employer
Petersburg Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 18681089

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Peter J Holden

Mailing Address 275 Sandwich Street

City

Plymouth

State

MA

Zip Code

02360-2183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jordan Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 18681772

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gary L Brewer

Mailing Address 1906 Blake Avenue

City

Glenwood Springs

State

CO

Zip Code

81601-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley View Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 18681786

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Peter E Makowski

Mailing Address 4231 West 16th Avenue

City

Denver

State

CO

Zip Code

80204-1335

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony Central Hospi-
tal

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 18681841

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Margaret D Sabin

Mailing Address P O Box 7021

City

Colorado Springs

State

CO

Zip Code

80933-7021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penrose-St. Francis Health
Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 18681940

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Charlotte Ramsey

Mailing Address 6216 Crooked Stick Way

City

Radford

State

VA

Zip Code

24141-7025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion New River Valley
Medical Cent

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 18682191

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Craig J Broman

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Cloud Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 18682215

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis J Doran

Mailing Address 701 South Dellwood Street

City

Cambridge

State

MN

Zip Code

55008-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambridge Medical CenterOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: 18682218

Amount of Each Receipt this Period

57.50

B.

Full Name (Last, First, Middle Initial)

Mr. Mark A Eustis

Mailing Address 2450 Riverside Avenue

City

Minneapolis

State

MN

Zip Code

55454-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Health ServicesOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: 18682219

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bill Nelson

Mailing Address P.O. Box A

City

Onamia

State

MN

Zip Code

56359-7901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mille Lacs Health SystemOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: 18682301

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

182.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Terence Pladson, M.D.

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
CentraCare Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 18682302

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Mr. Randy Ulseth

Mailing Address 301 South Highway 65

City

Mora

State

MN

Zip Code

55051-1899

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kanabec Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 18682303

Amount of Each Receipt this Period

445.00

C.

Full Name (Last, First, Middle Initial)

Ms. Ginger L. Bliss

Mailing Address 5403 West 161st Terrace

City

Overland Park

State

KS

Zip Code

66085-7814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carondelet Health

Occupation

VP, Strategic Planning & Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 18684883

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

905.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William M Jennings

Mailing Address 17725 Wilding Place Dr

City

Chesterfield

State

MO

Zip Code

63005-4279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridgeport Hospital

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687435

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joel R. Reich

Mailing Address 71 Haynes Street

City

Manchester

State

CT

Zip Code

06040-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Connecticut Health
Network

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687436

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Vincent Capece

Mailing Address 28 Crescent Street

City

Middletown

State

CT

Zip Code

06457-3650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middlesex Hospital

Occupation

Vice President Finance and Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687437

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis P McConville

Mailing Address 80 Chilstone Ln

City

Manchester

State

CT

Zip Code

06040-5651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Connecticut Health
Network

Occupation

Senior VP Planning, Marketing, Communi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687438

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. David A Whitehead

Mailing Address 326 Washington Street

City

Norwich

State

CT

Zip Code

06360-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer
William W. Backus Hospita-
l, The

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687439

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jane Deane Clark, PhD

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation

Senior Director, Healthcare Data

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687441

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Chad Wable

Mailing Address 35 Inverness Ct

City

Cheshire

State

CT

Zip Code

06410-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Hospital

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687442

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr Gerald J Boisvert

Mailing Address 282 Washington Street

City

Hartford

State

CT

Zip Code

06106-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Children's Me-
dical Center

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687443

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr Daniel E Lohr

Mailing Address 326 Washington Street

City

Norwich

State

CT

Zip Code

06360-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer
William W. Backus Hospita-
l, The

Occupation

Senior Vice President and Chief Financial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687444

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard A Brvenik, , FACHE

Mailing Address 112 Mansfield Avenue

City

Willimantic

State

CT

Zip Code

06226-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Community Memorial
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687445

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Stanley

Mailing Address 292 Pequot Avenue

City

New London

State

CT

Zip Code

06320-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence & Memorial Hospi-
tal

Occupation

Vice President, Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687459

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms Laura J. Hanten Jordan

Mailing Address 49 Oxford St

City

Hartford

State

CT

Zip Code

06105-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation

VP, Patient Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687460

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen A. Frayne

Mailing Address 411 Old Sherman Hill Road

City

Woodbury

State

CT

Zip Code

06798-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation

Senior Vice President, Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687462

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Patrick Charnel

Mailing Address 130 Division Street

City

Derby

State

CT

Zip Code

06418-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Griffin Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687558

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kimberley K. Hostetler

Mailing Address 31 Prospect Place

City

Bristol

State

CT

Zip Code

06010-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation

Vice President Administration and Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687559

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms Kyle Ballou

Mailing Address 20 York Street

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale-New Haven Hospital

Occupation

Administrative Director Community & Go

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687560

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Marna P Borgstrom

Mailing Address 20 York Street

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale-New Haven Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687561

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kurt A Barwis, , FACHE

Mailing Address P O Box 977

City

Bristol

State

CT

Zip Code

06011-0977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bristol Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687562

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James D. Iacobellis

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing
federal political committee.**C**Name of Employer
Connecticut Hospital Asso-
ciation

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 18687577

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Martin J. Gavin

Mailing Address 108 Winding Lane

City

Avon

State

CT

Zip Code

06001-2625

FEC ID number of contributing
federal political committee.**C**Name of Employer
Connecticut Children's Me-
dical Center

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 18687578

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Carolyn S. Kobsa

Mailing Address P O Box 5000

City

Bridgeport

State

CT

Zip Code

06610-0120

FEC ID number of contributing
federal political committee.**C**Name of Employer
Bridgeport Hospital

Occupation

Senior Vice President Planning and Mar

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 18687579

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Peter N Herbert, , M.D.

Mailing Address 789 Howard Avenue

City

New Haven

State

CT

Zip Code

06519-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Health Sys-
tem

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687580

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lucille A Janatka

Mailing Address 435 Lewis Avenue

City

Meriden

State

CT

Zip Code

06451-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidState Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687585

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Susan L Davis, , R.N., Ed

Mailing Address 2800 Main Street

City

Bridgeport

State

CT

Zip Code

06606-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Medical Cen-
ter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687586

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John J. Brady, III

Mailing Address 5 Lynnbrook Road

City

Trumbull

State

CT

Zip Code

06611-3308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation

Vice President, Business Development &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687588

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Allan Pinard

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation

Assistant Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687591

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. John H Tobin

Mailing Address 64 Robbins Street

City

Waterbury

State

CT

Zip Code

06708-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waterbury Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687592

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jennifer D. Jackson

Mailing Address 61 Hickory Lane

City

Madison

State

CT

Zip Code

06443-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687602

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin Reynolds

Mailing Address 280 Steele Road

City

West Hartford

State

CT

Zip Code

06117-2743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Care, Inc.

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687610

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Falaguerra

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Vice President Plant Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687612

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Bernard A. Clark, III

Mailing Address 93 Johnny Cake Lane

City

Glastonbury

State

CT

Zip Code

06033-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Chairman, Dept. of Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687618

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms Teresa Bolton

Mailing Address 37 Candlewood Dr

City

West Hartford

State

CT

Zip Code

06117-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Vice President Legal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687622

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James W. Schepker

Mailing Address 115 Mountain Terrace Road

City

West Hartford

State

CT

Zip Code

06107-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687630

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. R. Christopher Hartley

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Senior Vice President Planning and Fac

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687635

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edward Johnson

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687835

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary Ann Hanley

Mailing Address 349 East Street

City

Hebron

State

CT

Zip Code

06248-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Administrative Liaison

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687840

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Gregory T Makoul

Mailing Address 49 Madison Ave

City

Madison

State

CT

Zip Code

06443-3135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 18687844

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Howard A. Shaw, MD

Mailing Address 65 Olander Lane

City

Middletown

State

CT

Zip Code

06457-1574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Chairman & Director, Department OB/GYN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 18687846

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms Nicole J Schulz

Mailing Address 142 Four Mile Rd

City

West Hartford

State

CT

Zip Code

06107-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

VP Revenue Cycle

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 18687928

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Daniel J Diver, M.D.

Mailing Address 2 Whitehall Place

City

Farmington

State

CT

Zip Code

06032-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Director Hoffman Heart and Vascular In

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687938

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kathleen Roche

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Executive Vice President&COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687942

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Steinberg

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Chairman of Surgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687945

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jennifer Schneider

Mailing Address 17 Candlewood Lane

City

Granby

State

CT

Zip Code

06035-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

VP, Lean & Contributions Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687952

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stuart E. Rosenberg

Mailing Address 289 Hill St

City

Bristol

State

CT

Zip Code

06010-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Executive Director- North Campus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687953

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Donald Straceski

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

Vice President Fiancial Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687954

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jess Kupec

Mailing Address 8 Ellridge Place

City

Ellington

State

CT

Zip Code

06029-3633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687959

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph White, III

Mailing Address 10 Lakeside Terrace

City

Westford

State

MA

Zip Code

01886-1392

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lowell General Hospital

Occupation

Executive Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687960

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul R Bengtson

Mailing Address P O Box 905

City

Saint Johnsbury

State

VT

Zip Code

05819-9962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeastern Vermont Regi-
onal Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18694330

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jill Berry Bowen

Mailing Address PO Box 445

City

Saint Albans

State

VT

Zip Code

05478-0445

FEC ID number of contributing
federal political committee.**C**Name of Employer
Northwestern Medical Cent-
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 18694331

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin Donovan, FACHE

Mailing Address 512 Brookside Dr

City

New London

State

NH

Zip Code

03257-5858

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mt. Ascutney Hospital and
Health Centre

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 18694332

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Melinda Estes, M.D.

Mailing Address 111 Colchester Avenue

City

Burlington

State

VT

Zip Code

05401-1473

FEC ID number of contributing
federal political committee.**C**Name of Employer
Fletcher Allen Health Care

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 18694334

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Marie Beatrice Grause, RN, JD

Mailing Address 1580 North Street

City

Montpelier

State

VT

Zip Code

05602-2997

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vermont Association of Ho-
spitals & HeaOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 18694335

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms Lori Brown

Mailing Address 40349 Braddock Rd

City

Aldie

State

VA

Zip Code

20105-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health SystemOccupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: 18695237

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr Ben Clark

Mailing Address 810 Green Acres RD

City

Evington

State

VA

Zip Code

24550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centra Lynchburg General
HospitalOccupation
Vice President and Chief Information O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: 18695238

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James B Cole

Mailing Address 1701 North George Mason Drive

City

Arlington

State

VA

Zip Code

22205-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital Center -
Arlington

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18695239

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Hudson

Mailing Address 8004 Greenwich Woods Drive

City

McLean

State

VA

Zip Code

22102-1332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fairfax Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18695241

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Levin

Mailing Address 1476 Bridge Point Trail

City

Suffolk

State

VA

Zip Code

23432-1320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18695243

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Dean Morehouse

Mailing Address 8800 Pennsylvania Ave

City

Upper Marlboro

State

MD

Zip Code

20772-7312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18695262

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr Shane H Peng, MD

Mailing Address 9870 Breezy Pont Ln

City

Hayes

State

VA

Zip Code

23072-4019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation
VP Sr Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18695264

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Patricia Schmehl

Mailing Address 3221 Sargent Drive

City

Falls Church

State

VA

Zip Code

22044-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fairfax Hospital

Occupation
Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18695265

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. G. Robert Vaughan, Jr.

Mailing Address 1839 Mt. Vernon Road

City

Roanoke

State

VA

Zip Code

24015-2906

FEC ID number of contributing
federal political committee.**C**Name of Employer
Carilion Clinic

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: 18695268

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Glenn Zirbser

Mailing Address 507 N Highland St

City

Arlington

State

VA

Zip Code

22201-2037

FEC ID number of contributing
federal political committee.**C**Name of Employer
Inova Loudoun Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: 18695699

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas A Kleinhanzl

Mailing Address 4306 Saratoga Springs Court

City

Middletown

State

MD

Zip Code

21769-8110

FEC ID number of contributing
federal political committee.**C**Name of Employer
Frederick Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: 18695712

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)

955.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James J Xinis

Mailing Address 8430 Meadowview Circle

City

Owings

State

MD

Zip Code

20736-9502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Calvert Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18695720

Amount of Each Receipt this Period

391.00

B.

Full Name (Last, First, Middle Initial)

Mr. John O Wilhelm, Jr.

Mailing Address 85 Herrick Street

City

Beverly

State

MA

Zip Code

01915-1777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson Hospital

Occupation

Executive Vice President & Chief Finan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696157

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steve M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696192

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

1474.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Matthew Anderson, JD

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation

Vice Pres, Regulatory/Strategic Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696200

Amount of Each Receipt this Period

134.61

B.

Full Name (Last, First, Middle Initial)

Mr. William Fenske

Mailing Address 301 S. Oak Avenue SW

City

Willamar

State

MN

Zip Code

56201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rice Memorial Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696202

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roger E Green

Mailing Address 559 Capitol Boulevard, 6-South

City

Saint Paul

State

MN

Zip Code

55103-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthEast Care System

Occupation

Vice President Strategy, Policy and Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.15

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696210

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

205.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Kreyer

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation

Vice President, Work Force

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696212

Amount of Each Receipt this Period

134.61

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Sonneborn

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation

Vice President of Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696215

Amount of Each Receipt this Period

140.00

C.

Full Name (Last, First, Middle Initial)

Ms. Peggy Westby

Mailing Address 2550 University Avenue W.
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696217

Amount of Each Receipt this Period

134.61

SUBTOTAL of Receipts This Page (optional)

409.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Kimber Wraalstad

Mailing Address 515 5th Avenue West

City

Grand Marais

State

MN

Zip Code

55604-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cook County North Shore
Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696218

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mitchell C Carson

Mailing Address P O Box 1659

City

Longmont

State

CO

Zip Code

80502-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longmont United Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.25

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696874

Amount of Each Receipt this Period

11.25

C.

Full Name (Last, First, Middle Initial)

Ms. Jodi Chambers

Mailing Address 4231 West 16th Avenue

City

Denver

State

CO

Zip Code

80204-1335

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony Central Hospi-
tal

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696879

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

511.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. George Hayes

Mailing Address 2500 Rocky Mountain Avenue

City

Loveland

State

CO

Zip Code

80538-9004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of the Roc-
kies

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696880

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gerald R. Sprong

Mailing Address 1014 W. St. Maartens Drive

City

Saint Joseph

State

MO

Zip Code

64506-2988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Health

Occupation
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 18696907

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Joanne Carrocino, , FACHE

Mailing Address Two Stone Harbor Boulevard

City

Cape May Court Hou

State

NJ

Zip Code

08210-2138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Regional Medical Cen-
ter

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18696952

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

795.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald J Del Mauro

Mailing Address 50 Sherwood Drive

City

Watchung

State

NJ

Zip Code

07069-6136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Barnabas Health Care
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18696958

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John A Fromhold

Mailing Address 9437 Smithson Lane

City

Brentwood

State

TN

Zip Code

37027-8741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountainside Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18696964

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John T Gribbin, , FACHE

Mailing Address 5 Ephriam Road

City

Clarksburg

State

NJ

Zip Code

08510-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer
CentraState Healthcare Sy-
stem

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18696969

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Fred Hipp, Jr.

Mailing Address 1011 Deacon Road

City

Hainesport

State

NJ

Zip Code

08036-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virtua Health

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18696971

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.35

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18696972

Amount of Each Receipt this Period

329.57

C.

Full Name (Last, First, Middle Initial)

Mr. Al Maghazehe

Mailing Address 314 Stoney Ford Road

City

Holland

State

PA

Zip Code

18966-2510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1369.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18696983

Amount of Each Receipt this Period

1369.00

SUBTOTAL of Receipts This Page (optional)

2198.57

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John P McGee

Mailing Address 60 Old Mill Road

City

Holmdel

State

NJ

Zip Code

07733-2315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Solaris Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18696987

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Audrey Meyers

Mailing Address 223 North Van Dien Avenue

City

Ridgewood

State

NJ

Zip Code

07450-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18696989

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark D Pilla

Mailing Address 99 Route 37 West

City

Toms River

State

NJ

Zip Code

08755-6423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Barnabas Health Care
System

Occupation

Executive Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18696997

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth A. Ryan, Esq.

Mailing Address 4 Brookside Drive

City

Bordentown

State

NJ

Zip Code

08505-4439

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18697001

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. David P Tilton

Mailing Address 624 Park Place

City

Galloway

State

NJ

Zip Code

08205-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer
AtlantiCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 18697008

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Claudio Fort

Mailing Address 189 Prouty Drive

City

Newport

State

VT

Zip Code

05855-9326

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Hospital and
Health Cent

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18697148

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Anne E. Cramer

Mailing Address 153 Packard Road

City

Jericho

State

VT

Zip Code

05465-2025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vermont Association of Ho-
spitals & Hea

Occupation

Legal Counsel VTHA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18700901

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Judith C Tarr

Mailing Address P O Box 547

City

Barre

State

VT

Zip Code

05641-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Vermont Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18700905

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr James Staten

Mailing Address 20 York Street

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale-New Haven Hospital

Occupation

Senior Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18700961

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert E Smanik, , FACHE

Mailing Address P O Box 6001

City

Putnam

State

CT

Zip Code

06260-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Day Kimball Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18700964

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank R. Brownell, III

Mailing Address Post Office Box 76
100 North 10th Street

City

Montezuma

State

IA

Zip Code

50171-0076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grinnell Regional Medical
Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18700996

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mr. Peter W Thoreen, , FACHE

Mailing Address 2720 Stone Park Boulevard

City

Sioux City

State

IA

Zip Code

51104-3795

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Regional Medic-
al Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18700997

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. J. Kirk Norris

Mailing Address 5055 Upper Creek Drive

City

Pleasant Hill

State

IA

Zip Code

50327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Hospital Association

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18700998

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Mr. John E Knox, FACHE

Mailing Address 350 North Grandview Avenue

City

Dubuque

State

IA

Zip Code

52001-6392

FEC ID number of contributing
federal political committee.

C

Name of Employer
Finley Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18700999

Amount of Each Receipt this Period

550.00

C.

Full Name (Last, First, Middle Initial)

Mr. William B Leaver

Mailing Address 1200 Pleasant Street

City

Des Moines

State

IA

Zip Code

50309-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701000

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Theodore E Townsend

Mailing Address P O Box 3026

City

Cedar Rapids

State

IA

Zip Code

52406-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701027

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)

Mr. Russell M Knight

Mailing Address 1111 Third Street SW

City

Dyersville

State

IA

Zip Code

52040-1725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-Dyer-
sville

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701028

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dale Andres, D.O.

Mailing Address 3647 North Shore

City

Clear Lake

State

IA

Zip Code

50428-1070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-North
Iowa

Occupation

Senior Vice President Physician Integr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701029

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard A Seidler, , FACHE

Mailing Address 1825 Logan Avenue

City

Waterloo

State

IA

Zip Code

50703-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allen Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: 18701030

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Larry W Sellers, , M.D.

Mailing Address P O Box 3168

City

Sioux City

State

IA

Zip Code

51102-3168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-Sioux
City

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: 18701031

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David H Vellinga, , FACHE

Mailing Address 1111 6th Avenue

City

Des Moines

State

IA

Zip Code

50314-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-Des
Moines

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: 18701051

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas C Evans, M.D.

Mailing Address 1200 Pleasant Street

City

Des Moines

State

IA

Zip Code

50309-1453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Health System

Occupation

Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701052

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Shannon Strickler

Mailing Address 1403 66th Street

City

Windsor Heights

State

IA

Zip Code

50324-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Hospital Association

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701053

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John C Sheehan

Mailing Address P O Box 3026

City

Cedar Rapids

State

IA

Zip Code

52406-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Hospital

Occupation

Executive Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701054

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy L Charles

Mailing Address 701 Tenth Street SE

City

Cedar Rapids

State

IA

Zip Code

52403-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701055

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Suku Radia

Mailing Address 4800 Stonebridge Circle

City

West Des Moines

State

IA

Zip Code

50265-2982

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701065

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gary S. Kahn

Mailing Address 1104 S. 5th Ave. W.

City

Newton

State

IA

Zip Code

50208-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skiff Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701066

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Douglas P Cropper

Mailing Address 1227 East Rusholme Street

City

Davenport

State

IA

Zip Code

52803-2459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701067

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James G FitzPatrick, , FACHE

Mailing Address 1000 Fourth Street SW

City

Mason City

State

IA

Zip Code

50401-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-North
Iowa

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701068

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dennis A. White

Mailing Address 100 East Graham Avenue
Suite 100

City

Des Moines

State

IA

Zip Code

50309-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701069

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Rebecca J. Anthony

Mailing Address 100 East Grand Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Hospital Association

Occupation
Vice President, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701083

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Greg E. Boattenhamer

Mailing Address 100 East Grand Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Hospital Association

Occupation
Sr. Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701084

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Perry J. Meyer

Mailing Address 1920 SE Olson Drive

City State Zip Code
Waukee IA 50263-8180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Hospital Association

Occupation
Vice President, Information Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701085

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Art J. Spies

Mailing Address 100 E. Grand Ave. Suite 100

City

Des Moines

State

IA

Zip Code

50309-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Hospital Association

Occupation

Senior Vice President, Membership Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701086

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Maureen Keehnle

Mailing Address 100 East Grand Avenue
Suite 100

City

Des Moines

State

IA

Zip Code

50309-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Hospital Association

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701087

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven P Baumert

Mailing Address P O Box 2C

City

Council Bluffs

State

IA

Zip Code

51502-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jennie Edmundson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701104

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Marilyn E. Kaptain-Dahlen

Mailing Address 801 15th Street
Box 203City State Zip Code
Sioux City IA 51105-1502FEC ID number of contributing
federal political committee.**C**Name of Employer
Mercy Medical Center-Sioux
CityOccupation
Vice President, Regionalization

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: 18701105

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark D Richardson

Mailing Address 1221 South Gear Avenue

City State Zip Code
West Burlington IA 52655-1681FEC ID number of contributing
federal political committee.**C**Name of Employer
Great River Medical CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: 18701106

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sandra L. McIntosh, RN, MA, CN

Mailing Address 1208 Woodland Dr. SE

City State Zip Code
Cedar Rapids IA 52403-9076FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Luke's HospitalOccupation
Director, Emergency Medical/Surgical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: 18701107

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Mary S Wells, , R.N.

Mailing Address P O Box 148

City

Sumner

State

IA

Zip Code

50674-0148

FEC ID number of contributing
federal political committee.**C**Name of Employer
Community Memorial Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: 18701108

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. C James Platt

Mailing Address P O Box 174

City

Fort Madison

State

IA

Zip Code

52627-0174

FEC ID number of contributing
federal political committee.**C**Name of Employer
Fort Madison Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: 18701129

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr Philip Peterson

Mailing Address 701 Tenth Street SE

City

Cedar Rapids

State

IA

Zip Code

52403-1292

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mercy Medical Center

Occupation

Senior Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: 18701130

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jay Christensen

Mailing Address 1229 'C' Avenue East

City

Oskaloosa

State

IA

Zip Code

52577-4246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mahaska Health Partnership

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701131

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mr. Clinton J Christianson, , FACHE

Mailing Address 1 St Joseph's Drive

City

Centerville

State

IA

Zip Code

52544-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-Cent-
erville

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701132

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Ms Joan Bierman

Mailing Address 300 Sioux Valley Drive

City

Cherokee

State

IA

Zip Code

51012-1205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cherokee Regional Medical
Center

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701133

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)

812.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert C Travis

Mailing Address 4827 School House Rd

City

Bettendorf

State

IA

Zip Code

52722-6577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis Medical Center-Da-
venport

Occupation

VP of Strategic Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701140

Amount of Each Receipt this Period

262.50

B.

Full Name (Last, First, Middle Initial)

Ms. Pamela K Delagardelle

Mailing Address 201 East 'J' Avenue

City

Grundy Center

State

IA

Zip Code

50638-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grundy County Memorial Ho-
spital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701141

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gregory A Paris, , CHE

Mailing Address 6580 165th Street

City

Albia

State

IA

Zip Code

52531-8793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monroe County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701142

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

762.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Patricia A Markham

Mailing Address 1501 East Tenth Street

City

Atlantic

State

IA

Zip Code

50022-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cass County Memorial Hosp-
ital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701143

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph S Smith

Mailing Address 1015 Union Street

City

Boone

State

IA

Zip Code

50036-4898

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boone County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701144

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gary P Riedmann, , FACHE

Mailing Address P O Box 628

City

Carroll

State

IA

Zip Code

51401-0628

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony Regional Hosp-
ital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701150

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. A. James Tinker

Mailing Address 701 Tenth Street SE

City

Cedar Rapids

State

IA

Zip Code

52403-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: 18701151

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. John M Comstock

Mailing Address 300 Sioux Valley Drive

City

Cherokee

State

IA

Zip Code

51012-1205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cherokee Regional Medical
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: 18701152

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Todd C Linden

Mailing Address 210 Fourth Avenue

City

Grinnell

State

IA

Zip Code

50112-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grinnell Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: 18701153

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Lon D Butikofer, R.N., Ph

Mailing Address P O Box 359

City

Manchester

State

IA

Zip Code

52057-0359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701154

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Francis G Tramp

Mailing Address 1600 Diamond Street

City

Onawa

State

IA

Zip Code

51040-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burgess Health Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701163

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Allen E Pohren

Mailing Address P O Box 498

City

Red Oak

State

IA

Zip Code

51566-0498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery County Memorial
Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701164

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael T Donlin

Mailing Address P O Box 10

City

Le Mars

State

IA

Zip Code

51031-0010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Floyd Valley Hospital/Ave-
ra Health

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701165

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael D Myers

Mailing Address 40 First Street SE

City

Waukon

State

IA

Zip Code

52172-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Veterans Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701166

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kim Price

Mailing Address 110 Woodland Dr

City

Forest City

State

IA

Zip Code

50436-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-North
Iowa

Occupation

Director, Clinics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701167

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Carol A. Watson, Ph.D., RN

Mailing Address 390 NB

50 Newton Road

City

Iowa City

State

IA

Zip Code

52242-9296

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Iowa Hospit-
als and Clini

Occupation

Professor-Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701176

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael D Trachta, , FACHE

Mailing Address 312 Ninth Street SW

City

Waverly

State

IA

Zip Code

50677-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waverly Health Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701177

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Toni Ebeling

Mailing Address 532 First Street Northwest
Box 68

City

Britt

State

IA

Zip Code

50423-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hancock County Memorial
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701178

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Scott A Curtis

Mailing Address 1515 South Phillips Street

City

Algona

State

IA

Zip Code

50511-3649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kossuth Regional Health
Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701179

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Joseph LeValley

Mailing Address 1111 6th Avenue

City

Des Moines

State

IA

Zip Code

50314-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-Des
Moines

Occupation

Senior Vice President Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701180

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Brian Dieter

Mailing Address 1111 Duff Avenue

City

Ames

State

IA

Zip Code

50010-5745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Greeley Medical Cent-
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701194

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Theresa Wahlig

Mailing Address 300 Walnut St
Unit 59

City State Zip Code
Des Moines IA 50309-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center - We-
st Lakes

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701195

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey M Cooper

Mailing Address 1118 11th Street

City State Zip Code
De Witt IA 52742-1353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis Medical Center,
DeWitt

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701196

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms Donna J Vandehaar, , R.N.

Mailing Address 610 10th Street

City State Zip Code
Perry IA 50220-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dallas County Hospital

Occupation
Chief Clinical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701197

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Carol E. Twedt

Mailing Address 4344 Pine Ridge Trail NE

City

Iowa City

State

IA

Zip Code

52240-7830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Iowa City

Occupation

Director, Clinical Information Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701198

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Marie E Knedler, R.N.

Mailing Address 17683 Lochland Rdg

City

Council Bluffs

State

IA

Zip Code

51503-4493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alegent Health Mercy Hospital

Occupation

Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701221

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr Jim Lehman

Mailing Address 3090 Lundy Ln

City

Bettendorf

State

IA

Zip Code

52722-3975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis Medical Center-Davenport

Occupation

Vice President, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701222

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Robert McQuillen

Mailing Address 1078 Cedar Ridge Ct.

City

Peosta

State

IA

Zip Code

52068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-Dubu-
que

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701223

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jack Dusenbery, , CHE

Mailing Address 3421 West Ninth Street

City

Waterloo

State

IA

Zip Code

50702-5499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701224

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Croken

Mailing Address 1227 E Rusholme St

City

Davenport

State

IA

Zip Code

52803-2459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis Medical Center-Da-
venport

Occupation
VP of Corporate Communication&Marketin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701225

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr William Langley

Mailing Address 128 Fernwood Ave.

City

Davenport

State

IA

Zip Code

52803-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis Health System

Occupation

Medical Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701228

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Wayne A. Smith

Mailing Address 1280 South Governors Avenue

City

Dover

State

DE

Zip Code

19904-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delaware Healthcare Assoc-
iation

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 18704178

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Penny Brooke

Mailing Address 2879 Jennie Lane

City

Salt Lake City

State

UT

Zip Code

84117-5513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Healthcare,
Inc.

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: 18717193

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Paul J. DellaRocco

Mailing Address 30 Warren Street

City

Boston

State

MA

Zip Code

02135-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan Hospital for
Children

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: 18717300

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Bernadine Marcuccilli Wallace

Mailing Address 1003 Overlook Road

City

Marion

State

IN

Zip Code

46952-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion General Hospital

Occupation

CNO/COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 18719470

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James D. Bickel

Mailing Address 4370 Washington Street

City

Columbus

State

IN

Zip Code

47203-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Regional Hospital

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 18719473

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David R Doerr

Mailing Address 1606 North Seventh Street

City	State	Zip Code
Terre Haute	IN	47804-2706

FEC ID number of contributing
federal political committee.**C**Name of Employer
Union HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18719475

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert J Brody

Mailing Address 1805 Braeburn Drive

City	State	Zip Code
Carmel	IN	46032-8364

FEC ID number of contributing
federal political committee.**C**Name of Employer
SSFHS - St. Francis Hospi-
tal and HealthOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18719477

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John A. Griep, M.D.

Mailing Address P.O. Box 1220

City	State	Zip Code
Valparaiso	IN	46384-1220

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Catherine HospitalOccupation
Director of Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18719496

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. James Buchanan, M.D.

Mailing Address 2653 County Road 60

City

Auburn

State

IN

Zip Code

46706-9511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Medical Educat-
ion Program

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 18719513

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gregory W Lintjer

Mailing Address 53308 Monticola Lane

City

Bristol

State

IN

Zip Code

46507-9692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elkhart General Healthcare
System

Occupation
Hospital President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 18719527

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Karen Porter

Mailing Address 13556 Ashbury Drive

City

Carmel

State

IN

Zip Code

46032-8225

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Health

Occupation
System VP & Chief Planning Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 18719558

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Trina Marlatt

Mailing Address 3654 N. 850 E.

City

Attica

State

IN

Zip Code

47918-8041

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Williamsport
Hospital

Occupation

Registered Nurse, Chief Nursing Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18719570

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Francis G Albarano

Mailing Address 1322 Quail Ridge

City

Richmond

State

IN

Zip Code

47374-7176

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Randolph Hosp-
ital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18719619

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Heather Drevna

Mailing Address 3205 Ravensworth PL

City

Alexandria

State

VA

Zip Code

22302-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director Advocacy and Member Communica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: 18722633

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William H Considine

Mailing Address One Perkins Square

City

Akron

State

OH

Zip Code

44308-1062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron Children's HospitalOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: 18722959

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Barbara Steele

Mailing Address 2142 North Cove Boulevard

City

Toledo

State

OH

Zip Code

43606-3896

FEC ID number of contributing
federal political committee.

C

Name of Employer
ProMedica Health SystemOccupation
Regional President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: 18722960

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Danny L Boggs

Mailing Address 1025 Center Street

City

Ashland

State

OH

Zip Code

44805-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Regional Health
SystemOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: 18722961

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas E Cecconi

Mailing Address 1320 Mercy Drive NW

City

Canton

State

OH

Zip Code

44708-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center

Occupation

President and Chief Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 18722970

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bradley Bond

Mailing Address 234 Goodman Street

City

Cincinnati

State

OH

Zip Code

45219-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospital

Occupation

Vice President of Treasury

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 18722984

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Vehovec

Mailing Address 11100 Euclid Avenue

City

Cleveland

State

OH

Zip Code

44106-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals Case
Medical Cent

Occupation

Vice President and CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 18722985

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David Cook

Mailing Address 234 Goodman Street

City

Cincinnati

State

OH

Zip Code

45219-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: 18722993

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms Sonia Salvino

Mailing Address 44 Blaine Avenue

City

Cleveland

State

OH

Zip Code

44146-2799

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHHS Bedford Medical Center

Occupation

Director Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: 18722994

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Brent Carson

Mailing Address 1783 Farris Garden Path

City

Westlake

State

OH

Zip Code

44145-2067

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals Case
Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: 18722995

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Steven Standley

Mailing Address 29000 Center Ridge Rd.

City

Westlake

State

OH

Zip Code

44145-5293

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Charity Medic-
al Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 18723006

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Fred C Rothstein, M.D.

Mailing Address 1080 W Hill Drive

City

Gates Mills

State

OH

Zip Code

44040-9627

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals Case
Medical Cent

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 18723012

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Hanson

Mailing Address 12340 Bass Lake Road

City

Chardon

State

OH

Zip Code

44024-8327

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals Exte-
nded Care Cam

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 18723013

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Mary Alice Annecharico

Mailing Address 234 Goodman Street

City

Cincinnati

State

OH

Zip Code

45219-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospital

Occupation

Sr. Vice President and Chief Informati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: 18723014

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul Tait

Mailing Address 6560 Thorntree Drive

City

Brecksville

State

OH

Zip Code

44141-1769

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals Case
Medical Cent

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: 18723015

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Michael A. Szubski

Mailing Address 11100 Euclid Avenue

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: 18723016

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Nochomovitz

Mailing Address 118 Partridge Lane

City

Chagrin Falls

State

OH

Zip Code

44022-4042

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHHS Richmond Heights Hos-
pital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 18723018

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City

Upper Arlington

State

OH

Zip Code

43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 18723020

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation
Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.91

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 18723028

Amount of Each Receipt this Period

48.13

SUBTOTAL of Receipts This Page (optional)

648.13

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City

Jefferson City

State

MO

Zip Code

65109-9782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18723036

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Waye

City

Jefferson City

State

MO

Zip Code

65101-8284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18723041

Amount of Each Receipt this Period

48.13

C.

Full Name (Last, First, Middle Initial)

Mr. Jerry M. Sill

Mailing Address 2906 Valley View Terrace

City

Jefferson City

State

MO

Zip Code

65109-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

Senior Vice President & General Counse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18723044

Amount of Each Receipt this Period

48.13

SUBTOTAL of Receipts This Page (optional)

158.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael J Gillen

Mailing Address 100 Hospital Drive

City

Lebanon

State

MO

Zip Code

65536-9210

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John's Hospital - Leb-
anon

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 18723048

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas C. Jividen

Mailing Address 2713 Greenhill Avenue

City

Lynchburg

State

VA

Zip Code

24503-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centra Lynchburg General
Hospital

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 18723059

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Emory W. Tibbs, Jr.

Mailing Address 1740 Hidden Oaks Lane

City

Bedford

State

VA

Zip Code

24523-6864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centra Health, Inc.

Occupation
Senior Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 18723060

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Lewis C Addison

Mailing Address 209 Glasgow Dr

City

Amherst

State

VA

Zip Code

24521-4329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centra Lynchburg General
Hospital

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 18723068

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian Gradle

Mailing Address 400 Great Falls St

City

Falls Church

State

VA

Zip Code

22046-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours-Richmond Comm-
unity Hospital

Occupation

Vice President Corporate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 18723069

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ms. Donna Littlepage

Mailing Address PO Box 25

City

Roanoke

State

VA

Zip Code

24002-0025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Clinic

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 18723070

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms Stephanie L Bloom

Mailing Address 109 Rowan Court

City

Manahawkin

State

NJ

Zip Code

08050-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723073

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City

Manasquan

State

NJ

Zip Code

08736-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723076

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jessica Cohen

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723080

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723082

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723087

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.35

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723092

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723094

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. William D. Kennedy

Mailing Address 1549 North Valley Road

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723096

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Keough

Mailing Address 23 Nelson Drive

City

Barnegat

State

NJ

Zip Code

08005-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President, Health Information Mgrm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723097

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Steve E. Krebs

Mailing Address 73 Tindall Rd

City

Robbinsville

State

NJ

Zip Code

08691-2508

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Director, Conference Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723098

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723099

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kerry A. McKean-Kelly

Mailing Address 40 Imlaystown Road

City

East Windsor

State

NJ

Zip Code

08520-6209

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723102

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Randall J. Minniear

Mailing Address 3901 Worthington Court

City

Freehold

State

NJ

Zip Code

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723104

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Ms. Joann M. Morgano

Mailing Address 7 Cottonwood Drive

City

Lumberton

State

NJ

Zip Code

08048-5297

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Director, Marketing & Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723106

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Ms. Joann M. Morgano

Mailing Address 7 Cottonwood Drive

City

Lumberton

State

NJ

Zip Code

08048-5297

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Director, Marketing & Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723107

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Barry Ostrowsky

Mailing Address 448 Harding Drive

City

South Orange

State

NJ

Zip Code

07079-1319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Barnabas Health Care
System

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723110

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Sally Roslow

Mailing Address 21 Sparrow Walk

City

Newtown

State

PA

Zip Code

18940

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

VP Development & Trustee Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723113

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 18723114

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Cynthia A. Sorg

Mailing Address 33 Second Street

City

Hopewell

State

NJ

Zip Code

08525-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Assistant to President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: 18723116

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. Terry W Andrus

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36801-5452

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	0

Transaction ID: 18723120

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Laura Grill

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36801-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Vice President, Patient Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	0

Transaction ID: 18723121

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2010.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis Thrasher

Mailing Address 2190 Springwood Drive

City

Auburn

State

AL

Zip Code

36830-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Asst. Vice President/Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18723122

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Laura W. Bell

Mailing Address 8897 Tara Lane

City

Auburn

State

AL

Zip Code

36830-8247

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Asst. Vice President/ Quality Manageme

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18723123

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr John T Chittom

Mailing Address 229 Lee Road

City

Auburn

State

AL

Zip Code

36802-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Assistant Vice President Information S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18723124

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Lisenby

Mailing Address 807 Laurel Street

City

Opelika

State

AL

Zip Code

36801-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 18723125

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ken Lott

Mailing Address 1567 Oak Hill Circle

City

Auburn

State

AL

Zip Code

36832-6798

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 18723126

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stanley K Hammack

Mailing Address 2451 Filligim Street

City

Mobile

State

AL

Zip Code

36617-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of South Alaba-
ma Hospitals

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 18723127

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John D Anderson

Mailing Address P O Box 758

City

Boaz

State

AL

Zip Code

35957-0758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshall Medical Center
South

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18723128

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Cheryl M Hays, , FACHE

Mailing Address 8000 Alabama Highway 69

City

Guntersville

State

AL

Zip Code

35976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshall Medical Center
North

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18723129

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. A. Elizabeth Anderson

Mailing Address 6600 Apple Cross Drive North

City

Mobile

State

AL

Zip Code

36695-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of South Alaba-
ma Children's

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18723130

Amount of Each Receipt this Period

415.00

SUBTOTAL of Receipts This Page (optional)

1415.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Bob Page

Mailing Address 3901 Rainbow Boulevard

City

Kansas City

State

KS

Zip Code

66160-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
The University of Kansas
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 18723180

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Steven D Wilkinson

Mailing Address 5721 West 119th Street

City

Overland Park

State

KS

Zip Code

66209-3722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Menorah Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 18723209

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Kevin Smith

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Hospital

Occupation

Vice President Finance & Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 18723430

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James Fanale

Mailing Address 38 Longfellow Way

City

Boylston

State

MA

Zip Code

01505-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jordan Hospital

Occupation

SVP System Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 18723431

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Ms. Andrea Holleran

Mailing Address 275 Sandwich Street

City

Plymouth

State

MA

Zip Code

02360-2183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jordan Hospital

Occupation

VP, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 18723432

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph Iannoni

Mailing Address 736 Cambridge Street

City

Brighton

State

MA

Zip Code

02135-4398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caritas St. Elizabeth's
Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 18723433

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Randy Doherty

Mailing Address 250 Pond Street

City

Braintree

State

MA

Zip Code

02184-5351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Braintree Rehabilitation
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 18723435

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joel Rudin

Mailing Address 3 Webster Street

City

Winchester

State

MA

Zip Code

01890-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Rehabilitation
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 18723436

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 18723437

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Steve M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: 18723438

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Ms. Jena Hausmann

Mailing Address 1056 East 19th Avenue

City

Denver

State

CO

Zip Code

80218-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Hospital, The

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: 18723444

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Peter Adler

Mailing Address 14432 SE Eastgate Way, Ste. 300

City

Bellevue

State

WA

Zip Code

98007-6493

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation

Sr. VP, Strategy & Innovation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: 18724818

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 93 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Agwunobi, M.D.

Mailing Address P O Box 2555

City

Spokane

State

WA

Zip Code

99220-2555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Sacred Heart
Medical Center

Occupation

Senior Vice President, CFO, CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724819

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms Suzanne Anderson

Mailing Address 1100 Ninth Avenue

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Mason Medical Ce-
nter

Occupation

Senior VP, CFO, CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724820

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Carter

Mailing Address 747 Broadway Avenue

City

Seattle

State

WA

Zip Code

98122-4379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health Services

Occupation

Sr. Vice President & CAO, Edmonds

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724821

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Patricia Cochrell

Mailing Address 23986 Vinland Terr NW

City

Poulsbo

State

WA

Zip Code

98370-9416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison Medical Center

Occupation

Executive VP/ Chief Operation Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724822

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeff Collins

Mailing Address 101 West Eighth Avenue

City

Spokane

State

WA

Zip Code

99204-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Sacred Heart
Medical Center

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724823

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sandra Dahl

Mailing Address 5502 Webster Avenue

City

Yakima

State

WA

Zip Code

98908-3698

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yakima Valley Memorial Ho-
spital

Occupation

Vice President, Nursing & Patient Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724824

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Stuart Hennessey

Mailing Address 14432 SE Eastgate Way, Ste 300

City

Bellingham

State

WA

Zip Code

98007-6412

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation

Senior Vice President Legal Services a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: 18724825

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Glenn Kasman

Mailing Address 315 Martin Luther King Jr. Way

City

Tacoma

State

WA

Zip Code

98405-4234

FEC ID number of contributing
federal political committee.

C

Name of Employer
MultiCare Health System

Occupation

Vice President Professional Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: 18724829

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas Kruse

Mailing Address 6860 NW Ranger Way

City

Silverdale

State

WA

Zip Code

98383-6306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: 18724830

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark May

Mailing Address P O Box 2555

City

Spokane

State

WA

Zip Code

99220-2555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Sacred Heart
Medical Center

Occupation

Chief Integration Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724831

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Russell M. Myers

Mailing Address 2908 Shelton Avenue

City

Yakima

State

WA

Zip Code

98902-4073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yakima Valley Memorial Ho-
spital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724832

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Cliff Robertson

Mailing Address 2505 Cliffside Ln. NW #P102

City

Gig Harbor

State

WA

Zip Code

98335-1695

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan Health System

Occupation

President and CMO - Medical Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724833

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Leon Smith

Mailing Address 2520 Cherry Avenue

City

Bremerton

State

WA

Zip Code

98310-4229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison Medical Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724838

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas W Wilbur

Mailing Address 714 West Pine Street

City

Newport

State

WA

Zip Code

99156-9046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Hospital and Health Services

Occupation

Chief Executive Officer and Superinten

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724839

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. Scott E. Armstrong

Mailing Address 3855 44th Avenue NE

City

Seattle

State

WA

Zip Code

98105-5448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Eastside Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724840

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Elaine Couture

Mailing Address 101 West Eighth Avenue

City

Spokane

State

WA

Zip Code

99204-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Sacred Heart
Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724841

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dan Dixon

Mailing Address 747 Broadway Avenue

City

Seattle

State

WA

Zip Code

98122-4379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health Services

Occupation

Vice President External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724842

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Harold S Geller

Mailing Address 315 North 14th Street

City

Othello

State

WA

Zip Code

99344-1297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Othello Community Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724844

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 99 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dan Harris

Mailing Address 2934 Westside Drive NW

City

Olympia

State

WA

Zip Code

98502-3277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724845

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Hereford

Mailing Address 201 16th Avenue East

City

Seattle

State

WA

Zip Code

98112-5226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Cooperative/-
Central Hosp

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724846

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Marcel C Loh, , FACHE

Mailing Address 500 17th Avenue

City

Seattle

State

WA

Zip Code

98124-5711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Medical Center-Ch-
erry Hill Cam

Occupation

Senior Vice President and Chief Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724847

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory D. Sawyer, MD, PhD.

Mailing Address 11503 Sara Loop Road

City

Yakima

State

WA

Zip Code

98908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yakima Valley Memorial Ho-
spital

Occupation

Director, Organizational Health Willne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724848

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jon D Smiley

Mailing Address P O Box 719

City

Sunnyside

State

WA

Zip Code

98944-0719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunnyside Community Hospi-
tal

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724850

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Wallen

Mailing Address 2520 Cherry Avenue

City

Bremerton

State

WA

Zip Code

98310-4229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724851

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Alan R Yordy

Mailing Address 14432 SE Eastgate Way, Ste 300

City

Bellevue

State

WA

Zip Code

98007-6493

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation

President and Chief Mission Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724852

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Corley

Mailing Address North 5633 Lidgerwood Street

City

Spokane

State

WA

Zip Code

99208-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Sacred Heart
Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724853

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James M. Blazar

Mailing Address 69 Orchard Rd

City

West Hartford

State

CT

Zip Code

06117-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Hospital

Occupation

SVP & Chief Strategy Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724857

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Elliot Joseph

Mailing Address 3 Sunningdale

City

Farmington

State

CT

Zip Code

06032-1460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Hospital

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18724858

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Anthony A Armada

Mailing Address 1775 Dempster Street

City

Park Ridge

State

IL

Zip Code

60068-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Lutheran General
Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18725489

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Darcie J. Brazel

Mailing Address 11654 Logan Court

City

Orland Park

State

IL

Zip Code

60467-6824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Christ Medical
Center

Occupation

Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18725490

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Eckels

Mailing Address 33 Oak Lane

City

Springfield

State

IL

Zip Code

62712-8611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Sisters Health
System

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18725494

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Lubotsky

Mailing Address 6658 Winston Lane

City

Solon

State

OH

Zip Code

44139-4694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18725498

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin P Poorten

Mailing Address P O Box 707

City

Dekalb

State

IL

Zip Code

60115-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kish Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18725518

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert C Schmitt, II

Mailing Address P O Box 429

City

Gibson City

State

IL

Zip Code

60936-0429

FEC ID number of contributing
federal political committee.**C**Name of Employer
Gibson Area Hospital and
Health Service

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: 18725520

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Strongwater, M.D.

Mailing Address State University of New York

City

Stony Brook

State

NY

Zip Code

11794-0001

FEC ID number of contributing
federal political committee.**C**Name of Employer
Stony Brook University Me-
dical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: 18725538

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas G Bartlett, III, M.D.

Mailing Address 25117 Highway 15

City

Union

State

MS

Zip Code

39365-9088

FEC ID number of contributing
federal political committee.**C**Name of Employer
Laird Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: 18726388

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Larry C. Bourne

Mailing Address 424 Autumn Oak Drive

City

Madison

State

MS

Zip Code

39110-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
HPI Company

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18726393

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City

Jackson

State

MS

Zip Code

39211-2945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1112.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18726399

Amount of Each Receipt this Period

152.50

C.

Full Name (Last, First, Middle Initial)

Mr. Charles L. Denton

Mailing Address 960 Avent Drive

City

Grenada

State

MS

Zip Code

38901-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grenada Lake Medical Cent-
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

877.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18726406

Amount of Each Receipt this Period

187.50

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael R. Edwards

Mailing Address Post Office Box 259

City

Morton

State

MS

Zip Code

39117-0259

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18726409

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard G Hilton

Mailing Address Drawer 1506

City

Starkville

State

MS

Zip Code

39760-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
OCH Regional Medical Center

Occupation

Associate Administrator and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18726424

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Randy King

Mailing Address 7601 Southcrest Parkway

City

Southaven

State

MS

Zip Code

38671-4739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Hospital-Desoto

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18726429

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Steve Lesley

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation

Director of Data Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: 18726434

Amount of Each Receipt this Period

38.34

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Mobley

Mailing Address 969 Lakeland Drive

City

Jackson

State

MS

Zip Code

39216-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Dominic-Jackson Memor-
ial Hospital

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: 18726441

Amount of Each Receipt this Period

212.50

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy H Moore

Mailing Address 1314 19th Avenue

City

Meridian

State

MS

Zip Code

39301-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush Foundation Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: 18726442

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

265.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Rick Napper

Mailing Address 100 Covewood Lane

City

Corinth

State

MS

Zip Code

38834-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magnolia Regional Health
Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 18726444

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Angle

Mailing Address 1176 Lake Point Cove

City

Pittsgrove

State

NJ

Zip Code

08318-9184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital of Salem
County

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726471

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas A Biga

Mailing Address 29 Highand Avenue

City

Fair Haven

State

NJ

Zip Code

07704-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Barnabas Health Care
System

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726474

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. John A Brennan, M.D.

Mailing Address 3 Castle Court

City

Randolph

State

NJ

Zip Code

07869-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newark Beth Israel Medical
Center

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726476

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City

Manasquan

State

NJ

Zip Code

08736-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726477

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jessica Cohen

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726479

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

515.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726480

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph P Coyle

Mailing Address 46 Cypress Lane

City

West Creek

State

NJ

Zip Code

08092-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Ocean County Hos-
pital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726481

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary A. Ditre

Mailing Address 9 Jumping Brook Drive

City

Neptune

State

NJ

Zip Code

07753-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726483

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726485

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. Leslie D Hirsch, , FACHE

Mailing Address 28 Meckenzie Lane N.

City

Denville

State

NJ

Zip Code

07834-2954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Clare's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726489

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726491

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

515.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gary S Horan, , FACHE

Mailing Address 225 Williamson Street

City

Elizabeth

State

NJ

Zip Code

07202-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinitas Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726492

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726493

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Chester B. Kaletkowski

Mailing Address 23 Winding Way

City

Mullica Hill

State

NJ

Zip Code

08062-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726494

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1010.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard J Kathrins

Mailing Address 1442 Sauvignon Drive

City

Toms River

State

NJ

Zip Code

08753-2763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bacharach Institute for
Rehabilitation

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726495

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. William D. Kennedy

Mailing Address 1549 North Valley Road

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726496

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Keough

Mailing Address 23 Nelson Drive

City

Barnegat

State

NJ

Zip Code

08005-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President, Health Information Mgrm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726498

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Steve E. Krebs

Mailing Address 73 Tindall Rd

City

Robbinsville

State

NJ

Zip Code

08691-2508

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Director, Conference Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726499

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726500

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alan Lieber

Mailing Address 4 Sun Watch Court

City

Ramsey

State

NJ

Zip Code

07446-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Health

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726502

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John K Lloyd

Mailing Address 11 Mohawk Avenue

City

Oceanport

State

NJ

Zip Code

07757-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726503

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Amy B Mansue

Mailing Address 17 Powell Court

City

Hightstown

State

NJ

Zip Code

08520-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Specialized Ho-
spital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

781.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726504

Amount of Each Receipt this Period

781.50

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Maron

Mailing Address 718 Teaneck Road

City

Teaneck

State

NJ

Zip Code

07666-4245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Name Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726505

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1781.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William A McDonald

Mailing Address 502 Rutledge Court

City

Edgewater

State

NJ

Zip Code

07020-1662

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Regional Med-
ical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726507

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kerry A. McKean-Kelly

Mailing Address 40 Imlaystown Road

City

East Windsor

State

NJ

Zip Code

08520-6209

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726508

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Randall J. Minniear

Mailing Address 3901 Worthington Court

City

Freehold

State

NJ

Zip Code

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726511

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Joann M. Morgano

Mailing Address 7 Cottonwood Drive

City

Lumberton

State

NJ

Zip Code

08048-5297

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Director, Marketing & Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726513

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia Ostaszewski, MS, CRRN,

Mailing Address 54 Bay Way

City

Brick

State

NJ

Zip Code

08723-7361

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTHSOUTH Rehabilitation
Hospital of

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726516

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sally Roslow

Mailing Address 21 Sparrow Walk

City

Newtown

State

PA

Zip Code

18940

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

VP Development & Trustee Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726520

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.**C**Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

VP Health Economics

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726522

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. C Richard Sarle, , CPA, FAC

Mailing Address P O Box 147

City

Belle Mead

State

NJ

Zip Code

08502-0147

FEC ID number of contributing
federal political committee.**C**Name of Employer
Carrier Clinic

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726523

Amount of Each Receipt this Period

175.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Sniffen

Mailing Address 47 Murray Hill Square

City

New Providence

State

NJ

Zip Code

07974-1531

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Mary's Hospital

Occupation

President & CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726524

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

685.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Cynthia A. Sorg

Mailing Address 33 Second Street

City

Hopewell

State

NJ

Zip Code

08525-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Assistant to President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726525

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph A Trunfio, , Ph.D.

Mailing Address 100 Madison Avenue

City

Morristown

State

NJ

Zip Code

07960-6136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726527

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Deborah K Zastocki

Mailing Address 42 Long Ride Road

City

Randolph

State

NJ

Zip Code

07869-4571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chilton Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726531

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1010.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. J. Frazer Rolen, Jr.

Mailing Address 2204 Lakeshore Drive
Suite 230City State Zip Code
Birmingham AL 35209-6729FEC ID number of contributing
federal political committee.**C**Name of Employer
Alabama Hospital Associat-
ionOccupation
Sr. VP & Director, Federal Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18726533

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gregg B. Everett

Mailing Address 109 Ocala Drive

City State Zip Code
Montgomery AL 36117-6964FEC ID number of contributing
federal political committee.**C**Name of Employer
Alabama Hospital Associat-
ionOccupation
Sr. Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18726534

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Rosemary Blackmon

Mailing Address 547 Le Grand Place

City State Zip Code
Montgomery AL 36106-1825FEC ID number of contributing
federal political committee.**C**Name of Employer
Alabama Hospital Associat-
ionOccupation
Vice President of Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18726535

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Carey M. Owen

Mailing Address 2520 Springwood Drive

City

Auburn

State

AL

Zip Code

36830-7236

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18726536

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Roben Nutter

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36801-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Manager Healthsource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18726537

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Sam Price

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36802-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18726538

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Sarah T. Gray

Mailing Address 3010 Pheasant Dr

City

Opelika

State

AL

Zip Code

36801-3363

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Assistant Vice President/Information T

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 18726539

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Jane Robertson

Mailing Address 2161 Wedgewood Court

City

Auburn

State

AL

Zip Code

36830-2582

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Asst. V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 18726540

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Christopher Clark

Mailing Address 13045 Sawyer Drive

City

Opelika

State

AL

Zip Code

36801

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 18726541

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gregory Nichols

Mailing Address 22136 Veterans Memorial Pkwy

City

Lafayette

State

AL

Zip Code

36862-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Assistant Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18726542

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Carol Murphey

Mailing Address 2710 Rocky Brook Rd.

City

Opelika

State

AL

Zip Code

36801-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Cent-
er

Occupation

Asst. VP/ Outside Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18726543

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Danne J. Howard

Mailing Address 1812 Woodmere Loop

City

Montgomery

State

AL

Zip Code

36117-5004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Hospital Associat-
ion

Occupation

VP, State Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18726544

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jane Knight

Mailing Address 1612 Salisbury Place

City

Montgomery

State

AL

Zip Code

36117-2562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Hospital Associat-
ion

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18726545

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms Talana Bell

Mailing Address P O Box 6907

City

Dothan

State

AL

Zip Code

36302-6907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flowers Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18726546

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. J. David McCormack

Mailing Address 600 South Third Street

City

Gadsden

State

AL

Zip Code

35901-5399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverview Regional Medical
Center

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18726547

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James G Chastain, , FACHE

Mailing Address P O Box 157-A

City

Whitfield

State

MS

Zip Code

39193-0157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi State HospitalOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: 18726555

Amount of Each Receipt this Period

87.50

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen K. Jones

Mailing Address 98 Providence Boulavard

City

Kendall Park

State

NJ

Zip Code

08824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Wood Johnson Unive-
rsity HospiOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726600

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth A. Bosley

Mailing Address 781 Norway Avenue

City

Huntington

State

WV

Zip Code

25705-3830

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Medical CenterOccupation
VP Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726776

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1587.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Glenn Crotty, Jr., M.D.

Mailing Address 36E Coventry Road

City

South Charleston

State

WV

Zip Code

25309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charleston Area Medical
Center

Occupation

Executive VP & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726777

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Vickie Gay

Mailing Address 536 Waterplant Road

City

Fayetteville

State

WV

Zip Code

25840-5215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726778

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr Larry C Hudson

Mailing Address 5035 Bennington Drive

City

Cross Lanes

State

WV

Zip Code

25313-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charleston Area Medical
Center

Occupation

Executive VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726781

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Evelyn Letnaunchyn

Mailing Address 225 Ariel Heights

City

Charleston

State

WV

Zip Code

25311-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726782

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John A. May

Mailing Address 7 Sun Bonnet Lane

City

Morgantown

State

WV

Zip Code

26508-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wetzel County Hospital

Occupation

Chief Financial Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726784

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John E. Walker

Mailing Address 151 Brookside Meadows

City

Chapmanville

State

WV

Zip Code

25508-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Regional Medical Ce-
nter

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726792

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Robert D Whitler

Mailing Address 5 Evergreen Drive

City

Elkview

State

WV

Zip Code

25071-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charleston Area Medical
Center

Occupation

Vice President Government and Communit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726794

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Nancy D. Adams, RN

Mailing Address Parkside Estate
327 Fisher Drive

City

Cumberland

State

MD

Zip Code

21502-6372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital and Med-
ical Center o

Occupation

Senior VP/Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726806

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas C Dowdell, , FACHE

Mailing Address 1026 Cherrywood Avenue

City

Cumberland

State

MD

Zip Code

21502-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital and Med-
ical Center o

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726808

Amount of Each Receipt this Period

34.00

SUBTOTAL of Receipts This Page (optional)

301.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark S Rulle

Mailing Address 1148 Hamilton Blvd.

City

Hagerstown

State

MD

Zip Code

21742-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryland Hospital Associa-
tion

Occupation

President, MHEI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726814

Amount of Each Receipt this Period

255.00

B.

Full Name (Last, First, Middle Initial)

Mr. Larry D. Davis

Mailing Address 2489 Heritage Park Road

City

Piggott

State

AR

Zip Code

72454-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pemisnot Memorial Health
System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726839

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kerry L Noble

Mailing Address P O Box 489

City

Hayti

State

MO

Zip Code

63851-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pemisnot Memorial Health
System

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726844

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert A. Malson

Mailing Address 1850 Redwood Terrace, NW

City

Washington

State

DC

Zip Code

20012-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
District of Columbia Hosp-
ital Associat

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726850

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. John T Fox

Mailing Address 1440 Clifton Road NE, Ste 420

City

Atlanta

State

GA

Zip Code

30322-1053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18727323

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Lynda D Curtis

Mailing Address 462 First Avenue

City

New York

State

NY

Zip Code

10016-9196

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bellevue Hospital Center

Occupation

Senior Vice President and Executive Di

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18727347

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Roger E Green

Mailing Address 559 Capitol Boulevard, 6-South

City

Saint Paul

State

MN

Zip Code

55103-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthEast Care System

Occupation

Vice President Strategy, Policy and Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.98

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 18727413

Amount of Each Receipt this Period

20.83

B.

Full Name (Last, First, Middle Initial)

Mr. Lawrence J Massa

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 18727472

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas O'Connor

Mailing Address 4050 Coon Rapids Boulevard

City

Coon Rapids

State

MN

Zip Code

55433-2522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.55

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 18727473

Amount of Each Receipt this Period

25.46

SUBTOTAL of Receipts This Page (optional)

496.29

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gary Bebow, , FACHE

Mailing Address P O Box 2197

City

Batesville

State

AR

Zip Code

72503-2197

FEC ID number of contributing
federal political committee.**C**Name of Employer
White River Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18731135

Amount of Each Receipt this Period

228.00

B.

Full Name (Last, First, Middle Initial)

Mr. Roger M. Busfield

Mailing Address 419 Natural Resources Dr

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.**C**Name of Employer
Arkansas Hospital Associa-
tion

Occupation

President Emeritus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18731136

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Mr. Darren Caldwell

Mailing Address P O Box 32

City

De Witt

State

AR

Zip Code

72042-0032

FEC ID number of contributing
federal political committee.**C**Name of Employer
DeWitt Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18731137

Amount of Each Receipt this Period

228.00

SUBTOTAL of Receipts This Page (optional)

781.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David Cicero

Mailing Address P O Box 797

City

Camden

State

AR

Zip Code

71701-0797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ouachita Medical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731138

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kristy Estrem, FACHE

Mailing Address 214 Carter Street

City

Berryville

State

AR

Zip Code

72616-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John's Hospital-Berryville

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731142

Amount of Each Receipt this Period

228.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Gant

Mailing Address 25 White Oak Drive

City

Conway

State

AR

Zip Code

72034-3443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conway Regional Medical Center

Occupation
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731144

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

878.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Russell D Harrington, , Jr.

Mailing Address 9601 Interstate 630, Exit 7

City

Little Rock

State

AR

Zip Code

72205-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731145

Amount of Each Receipt this Period

244.00

B.

Full Name (Last, First, Middle Initial)

Mr. Tim J Johnsen

Mailing Address 300 Werner Street

City

Hot Springs Nation

State

AR

Zip Code

71913-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Mercy Health
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731147

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Mr. Walter E Johnson, , Jr.

Mailing Address 1600 West 40th Avenue

City

Pine Bluff

State

AR

Zip Code

71603-7089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731148

Amount of Each Receipt this Period

228.00

SUBTOTAL of Receipts This Page (optional)

797.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey A Johnston

Mailing Address P O Box 17000

City

Fort Smith

State

AR

Zip Code

72917-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Edward Mercy Medical
Center

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18731149

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edward L Lacy, , FACHE

Mailing Address 1800 Bypass Road

City

Heber Springs

State

AR

Zip Code

72543-9135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health Medical Ce-
nter-Heber Sp

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18731151

Amount of Each Receipt this Period

228.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robin E Lake

Mailing Address 620 North Main Street

City

Harrison

State

AR

Zip Code

72601-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Arkansas Regional
Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18731163

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)

1203.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James M Lambert

Mailing Address 2302 College Avenue

City

Conway

State

AR

Zip Code

72032-6297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conway Regional Medical
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731164

Amount of Each Receipt this Period

228.00

B.

Full Name (Last, First, Middle Initial)

Ms Debbie Love

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation

Director of Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731165

Amount of Each Receipt this Period

260.00

C.

Full Name (Last, First, Middle Initial)

Mr Mark Lowman

Mailing Address 9601 Interstate 630, Exit 7

City

Little Rock

State

AR

Zip Code

72205-7299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health

Occupation

Vice President Strategic Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731166

Amount of Each Receipt this Period

228.00

SUBTOTAL of Receipts This Page (optional)

716.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Harold E Mitchell, Jr.

Mailing Address 404 South Bradley Street

City

Warren

State

AR

Zip Code

71671-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bradley County Medical Ce-
nter

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731167

Amount of Each Receipt this Period

228.00

B.

Full Name (Last, First, Middle Initial)

Mr. Larry Morse

Mailing Address P O Box 738

City

Clarksville

State

AR

Zip Code

72830-0738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson Regional Medical
Center

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731676

Amount of Each Receipt this Period

228.00

C.

Full Name (Last, First, Middle Initial)

Mr. Scott Peek

Mailing Address P O Box 639

City

Danville

State

AR

Zip Code

72833-0639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chambers Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731680

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

781.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Nancy Robertson

Mailing Address 7 Crape Myrtle Place

City

Little Rock

State

AR

Zip Code

72210-5654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation

Publications Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731685

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Ms Rosi Smith

Mailing Address 800 Marshall Street

City

Little Rock

State

AR

Zip Code

72202-3591

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Children's Hospi-
tal

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731688

Amount of Each Receipt this Period

228.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald K Rooney, , FACHE

Mailing Address P O Box 339

City

Paragould

State

AR

Zip Code

72451-0339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Methodist Medical
Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731696

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

878.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Melody Trimble, FACHE

Mailing Address PO Box 2406

City

Fort Smith

State

AR

Zip Code

72902-2406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparks Regional Medical
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731697

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mr. John R Tucker

Mailing Address 2801 Medical Center Drive

City

Pocahontas

State

AR

Zip Code

72455-9436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Five Rivers Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18731698

Amount of Each Receipt this Period

228.00

C.

Full Name (Last, First, Middle Initial)

Ms Patricia G Ball

Mailing Address 2800 North Dallas Parkway
Suite 200

City

Plano

State

TX

Zip Code

75093-5993

FEC ID number of contributing
federal political committee.

C

Name of Employer
LHP Hospital Group

Occupation

SVP of Strategic Dev & Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: 18731728

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1553.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Aubin

Mailing Address 6445 Renwick Circle

City

Tampa

State

FL

Zip Code

33647-1176

FEC ID number of contributing
federal political committee.

C

Name of Employer
BayCare Health System

Occupation

Chief Operating Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18755251

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. Philip E. Boyce

Mailing Address 3563 Phillips Highway
Suite 101

City

Jacksonville

State

FL

Zip Code

32207-5663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health

Occupation

Senior Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18755252

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mr Paul Clark

Mailing Address PO Box 6000

City

Ocala

State

FL

Zip Code

34478-6000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Munroe Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18755257

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ralph Glatfelter

Mailing Address 7285 Heartland Circle

City

Tallahassee

State

FL

Zip Code

32312-7501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1830.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 18755272

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lars D Houmann

Mailing Address 601 East Rollins Street

City

Orlando

State

FL

Zip Code

32803-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 18755275

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven M Johnson

Mailing Address P O Box 59515

City

Panama City

State

FL

Zip Code

32402-2515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 18755277

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Joe Johnson

Mailing Address 1055 Saxon Boulevard

City

Orange City

State

FL

Zip Code

32763-8468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Fish Mem-
orial

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 18755278

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Mr. Keith Lundquist

Mailing Address 1600 Sunny Brook Lane

City

Palm Bay

State

FL

Zip Code

32905-6527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health First, Inc.

Occupation

Vice President Marketing and Community

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 18755307

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael D Means

Mailing Address 6450 US Highway 1

City

Rockledge

State

FL

Zip Code

32955-5747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health First, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1185.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 18755309

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John E. Mines

Mailing Address 1991 Killarney Drive

City

Winter Park

State

FL

Zip Code

32789-3527

FEC ID number of contributing
federal political committee.**C**Name of Employer
Florida Hospital Associat-
ion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1021.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18755310

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mr James Mondello

Mailing Address 1204 NW Winters Creek Rd

City

Palm City

State

FL

Zip Code

34990-8086

FEC ID number of contributing
federal political committee.**C**Name of Employer
Martin Memorial Health Sy-
stems

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18755311

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Ms. Phillis Oeters

Mailing Address 6855 Red Road, Suite 600

City

Miami

State

FL

Zip Code

33143-3632

FEC ID number of contributing
federal political committee.**C**Name of Employer
Baptist Health South Flor-
ida

Occupation

Corporate Vice President Government an

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18755337

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen A Purves, , FACHE

Mailing Address P O Box 6000

City

Ocala

State

FL

Zip Code

34478-6000

FEC ID number of contributing
federal political committee.**C**Name of Employer
Munroe Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18755341

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark E. Robitaille

Mailing Address 53 S. River Road

City

Stuart

State

FL

Zip Code

34996-6723

FEC ID number of contributing
federal political committee.**C**Name of Employer
Martin Memorial Health Sy-
stems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18755343

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Mr Timothy K Skeldon

Mailing Address 951 North Washington Avenue

City

Titusville

State

FL

Zip Code

32796-2194

FEC ID number of contributing
federal political committee.**C**Name of Employer
Parrish Medical Center

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18755347

Amount of Each Receipt this Period

310.00

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Alfred G Stubblefield

Mailing Address 1717 North 'E' Street, Ste 320

City

Pensacola

State

FL

Zip Code

32501-6377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health Care Corpo-
ration

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18755349

Amount of Each Receipt this Period

140.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daryl Tol

Mailing Address 701 West Plymouth Avenue

City

DeLand

State

FL

Zip Code

32720-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital DeLand

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18755351

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Allen S Weiss, M.D.

Mailing Address P O Box 413029

City

Naples

State

FL

Zip Code

34101-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer
NCH Downtown Naples Hospi-
tal

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18755357

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

670.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Melvyn Patashnick

Mailing Address 528 Washington Highway

City

Morrisville

State

VT

Zip Code

05661-8973

FEC ID number of contributing
federal political committee.

C

Name of Employer
Copley Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756355

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18756427

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steve M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18756428

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

463.33

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Peter L Gosline

Mailing Address 452 Old Street Road

City

Peterborough

State

NH

Zip Code

03458-1295

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monadnock Community Hospi-
tal

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756430

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Scott W Howe

Mailing Address 173 Middle Street

City

Lancaster

State

NH

Zip Code

03584-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weeks Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756431

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Patricia R. Goldman

Mailing Address 9 Farm Haven Court

City

Rockville

State

MD

Zip Code

20852-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	1	0

Transaction ID: 18756432

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. J. Steve Perry

Mailing Address P O Box 579

City

Afton

State

WY

Zip Code

83110-0579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Star Valley Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18756435

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18756440

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)

Mr. Robert C Khayat, Jr.

Mailing Address 223 Superior Avenue

City

Decatur

State

GA

Zip Code

30030-1816

FEC ID number of contributing
federal political committee.

C

Name of Employer
King & Spalding

Occupation

Partner Govt. Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18756443

Amount of Each Receipt this Period

385.00

SUBTOTAL of Receipts This Page (optional)

697.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony James Budzinski

Mailing Address PO Box 1518

City

Brunswick

State

GA

Zip Code

31521-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellStar Health System

Occupation

Interim President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18756504

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edmond R. Jordan

Mailing Address 201 Graylyn Drive

City

Anderson

State

SC

Zip Code

29621-1985

FEC ID number of contributing
federal political committee.

C

Name of Employer
AnMed Health Medical Center

Occupation

Director of Urgent Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18756516

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Jerry A Parrish

Mailing Address 107 Nottingham Court

City

Anderson

State

SC

Zip Code

29621-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer
AnMed Health Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18756517

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark S Nantz

Mailing Address One St Francis Drive

City

Greenville

State

SC

Zip Code

29601-3999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours St. Francis
Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18756518

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Suzanne White

Mailing Address 701 Grove Road

City

Greenville

State

SC

Zip Code

29605-5611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation

Vice President, Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18756519

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stuart Smith

Mailing Address 169 Ashley Avenue

City

Charleston

State

SC

Zip Code

29425-8905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MUSC Medical Center of Me-
dical Univers

Occupation

Vice President Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18756520

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jay Kirby

Mailing Address 26 Moise Drive

City

Sumter

State

SC

Zip Code

29150-4235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Regional Healthcare

Occupation

Vice President, Support Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18756521

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James A Pfeiffer, , FACHE

Mailing Address 1325 Spring Street

City

Greenwood

State

SC

Zip Code

29646-3860

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Regional Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18756522

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Craig White

Mailing Address 503 Lodge Drive

City

Greenwood

State

SC

Zip Code

29646-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Regional Healthcare

Occupation

VP Foundation/Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18756523

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gregg Martin

Mailing Address 2252 Rolling Hill Lane

City

Sumter

State

SC

Zip Code

29150-1934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuomey Healthcare System

Occupation

Senior Vice President & COO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18756524

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Gayle Capozzalo Heil

Mailing Address 789 Howard Avenue

City

New Haven

State

CT

Zip Code

06519-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Health Sys-
tem

Occupation

Executive Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756526

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Vincent Petrini

Mailing Address 20 York Street

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Health Sys-
tem

Occupation

Senior VP of Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756527

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Patricia Susan Fitzsimons

Mailing Address 20 York Street

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale-New Haven Hospital

Occupation

Sr. Vice President of Patient Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756529

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank A Corvino

Mailing Address 5 Perryridge Road

City

Greenwich

State

CT

Zip Code

06830-4697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenwich Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756530

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin A. Myatt

Mailing Address 20 York Street

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale-New Haven Hospital

Occupation

Sr. V.P., Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756531

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Norman G. Roth

Mailing Address 20 York Street

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Health Sys-
tem

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756532

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Richard D'Aquila

Mailing Address 789 Howard Avenue

City

New Haven

State

CT

Zip Code

06519-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Health Sys-
tem

Occupation

Executive Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756533

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Peter J Karl

Mailing Address 71 Haynes Street

City

Manchester

State

CT

Zip Code

06040-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Connecticut Health
Network

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756536

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher M Dadlez

Mailing Address 490 Blue Hills Avenue

City

Hartford

State

CT

Zip Code

06112-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756541

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Crystal L. Haynes

Mailing Address 3924 Flora Place

City

Saint Louis

State

MO

Zip Code

63110-3733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Louis University Ho-
spital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18756542

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. William K Mahoney

Mailing Address P O Box 650

City

Branson

State

MO

Zip Code

65615-0650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skaggs Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18756566

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. W Scott Burnette

Mailing Address P O Box 90

City

South Hill

State

VA

Zip Code

23970-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Memorial Health-
center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18756614

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey P King

Mailing Address 925 Ditchley Rd

City

Virginia Beach

State

VA

Zip Code

23451-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18756616

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Darlene Vrotsos

Mailing Address 2653 Park Tower Drive

City

Vienna

State

VA

Zip Code

22180-7386

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital Center -
Arlington

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18756619

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Bruce Werness, MD

Mailing Address 10020 Park Royal Drive

City

Great Falls

State

VA

Zip Code

22066-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fair Oaks Hospital

Occupation

Director/Dept of Pathology

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18756620

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr Ralph Whatley

Mailing Address 85 Stoneledge Dr

City

Roanoke

State

VA

Zip Code

24019-8503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Clinic

Occupation

Medical Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18756621

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sharon Zrioka

Mailing Address 5109 Wyndham Rose Cove

City

Centreville

State

VA

Zip Code

20120-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Director Home Health

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18756622

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Carl Biggs

Mailing Address 2225 Arynness Drive

City

Vienna

State

VA

Zip Code

22181-3047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health SystemOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18756623

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia L. Robertson

Mailing Address 205 Oxford Circle West

City

Richmond

State

VA

Zip Code

23221-3250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours St. Mary's Ho-
spitalOccupation
Executive Vice President & Administrat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: 18756624

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City

Manasquan

State

NJ

Zip Code

08736-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iationOccupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756628

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jessica Cohen

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756633

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756635

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr John A DiAngelo

Mailing Address 105 Pancoast Place

City

Mullica Hill

State

NJ

Zip Code

08062-4735

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Healthcare

Occupation
Senior Vice President Finance and Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756641

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Mary A. Ditri

Mailing Address 9 Jumping Brook Drive

City

Neptune

State

NJ

Zip Code

07753-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756642

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756645

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Erich Florentine

Mailing Address 9 Wyncroft Drive

City

Woodbine

State

NJ

Zip Code

08270-3503

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Healthcare

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756647

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

674.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756653

Amount of Each Receipt this Period

50.83

B.

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756655

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard J Kathrins

Mailing Address 1442 Sauvignon Drive

City

Toms River

State

NJ

Zip Code

08753-2763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bacharach Institute for
Rehabilitation

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756658

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

560.83

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William D. Kennedy

Mailing Address 1549 North Valley Road

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756659

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Keough

Mailing Address 23 Nelson Drive

City

Barneget

State

NJ

Zip Code

08005-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President, Health Information Mgm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756660

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steve E. Krebs

Mailing Address 73 Tindall Rd

City

Robbinsville

State

NJ

Zip Code

08691-2508

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Director, Conference Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756662

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Chief Financial Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756668

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. Alan Lieber

Mailing Address 4 Sun Watch Court

City

Ramsey

State

NJ

Zip Code

07446-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Health

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756669

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Amy B Mansue

Mailing Address 17 Powell Court

City

Hightstown

State

NJ

Zip Code

08520-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Specialized Ho-
spital

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1563.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756676

Amount of Each Receipt this Period

781.50

SUBTOTAL of Receipts This Page (optional)

1291.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William A McDonald

Mailing Address 502 Rutledge Court

City

Edgewater

State

NJ

Zip Code

07020-1662

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Regional Med-
ical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756681

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kerry A. McKean-Kelly

Mailing Address 40 Imlaystown Road

City

East Windsor

State

NJ

Zip Code

08520-6209

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756683

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Randall J. Minniear

Mailing Address 3901 Worthington Court

City

Freehold

State

NJ

Zip Code

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18756688

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Joann M. Morgano

Mailing Address 7 Cottonwood Drive

City

Lumberton

State

NJ

Zip Code

08048-5297

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Director, Marketing & Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756692

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald Rak

Mailing Address 34 Federal City Road

City

Ewing

State

NJ

Zip Code

08638-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Peter's University
Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756703

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sally Roslow

Mailing Address 21 Sparrow Walk

City

Newtown

State

PA

Zip Code

18940

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

VP Development & Trustee Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756708

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756713

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Ms. Cynthia A. Sorg

Mailing Address 33 Second Street

City

Hopewell

State

NJ

Zip Code

08525-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Assistant to President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756723

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven R. Michaud

Mailing Address 7 Ivanhoe Drive

City

Topsham

State

ME

Zip Code

04086-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18756774

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Petersen

Mailing Address 120 Fickett Street

City

South Portland

State

ME

Zip Code

04106-6874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: 18756776

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Matthew J. Angela

Mailing Address 1151 East Warrenville Rd.

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Senior Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756803

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr Peter W Butler

Mailing Address 1653 West Congress Parkway

City

Skokie

State

IL

Zip Code

60612-3864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush University Medical
Center

Occupation

Executive Vice President and Chief Op

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756804

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr J.R. Clapp

Mailing Address 3513 N. Fremont St
Apt. 1

City State Zip Code
Chicago IL 60657-2992

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush University Medical
Center

Occupation
Senior Vice President, Hospital Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756805

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edgar J Curtis

Mailing Address 701 North First Street

City State Zip Code
Springfield IL 62781-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756806

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin R. England

Mailing Address 1800 Grist Mill Drive

City State Zip Code
Springfield IL 62711-8113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health System

Occupation
Vice President, Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756807

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David S. Fox

Mailing Address 3815 Highland Avenue

City

Downers Grove

State

IL

Zip Code

60515-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Good Samaritan
Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756808

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Dr. Wayne M Lerner, , DPH

Mailing Address 2701 West 68th Street

City

Chicago

State

IL

Zip Code

60629-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Cross Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756809

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Ms. Connie L Schroeder

Mailing Address 640 West Washington Street

City

Pittsfield

State

IL

Zip Code

62363-1350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illini Community Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756810

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Paul M. Teodo

Mailing Address 2701 West 68th Street

City

Chicago

State

IL

Zip Code

60629-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Cross Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756811

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Darryl L Vandervort

Mailing Address 403 East First Street

City

Dixon

State

IL

Zip Code

61021-3187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Katherine Shaw Bethea Hos-
pital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756812

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas Young

Mailing Address 251 East Huron Street

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation

Vice President, Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756902

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms Carolyn Bengston

Mailing Address 2400 North Rockton Avenue

City

Rockford

State

IL

Zip Code

61103-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Memorial Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756903

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Brickman

Mailing Address 333 North Madison Street

City

Joliet

State

IL

Zip Code

60435-8200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena Saint Joseph Medi-
cal Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756904

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Ms. Helen M. Brooks

Mailing Address 2400 North Rockton Avenue

City

Rockford

State

IL

Zip Code

61103-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Memorial Hospital

Occupation

Corporate Director, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756905

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William R. Dilts

Mailing Address 11873 Warblers Way

City

Roscoe

State

IL

Zip Code

61073-7541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Memorial Hospital

Occupation

Vice President, Strategic Plng/Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756906

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kathleen Dunn

Mailing Address 700 South Second Street

City

Springfield

State

IL

Zip Code

62704-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756907

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Easley

Mailing Address 385 Millennium Drive

City

Crystal Lake

State

IL

Zip Code

60012-3761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Health System

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756908

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Anna N. Evans, JD

Mailing Address 701 North First Street

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Medical Center

Occupation

General Counsel and Vice President Int

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756909

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Garrow

Mailing Address 6419 South Garfield Avenue

City

Burr Ridge

State

IL

Zip Code

60527-5237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena Saint Joseph Medi-
cal Center

Occupation

Foundation President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756910

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr Robert W Kay

Mailing Address 701 North First Street

City

Springfield

State

IL

Zip Code

62781-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Medical Center

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756911

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Terri L. Allen

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756995

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Rhoades

Mailing Address 1141 Midwest Lane

City

Wheaton

State

IL

Zip Code

60189-7382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Memorial Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756997

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin Ruggles

Mailing Address 2400 North Rockton Avenue

City

Rockford

State

IL

Zip Code

61103-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Memorial Hospital

Occupation

Chief Physician Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756999

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Baiardo

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.78

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757000

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Henry Seybold, Jr.

Mailing Address 529 South Summit Street

City

Barrington

State

IL

Zip Code

60010-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Memorial Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757001

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jim H Skogsbergh

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757002

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City

Quincy

State

IL

Zip Code

62301-6380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blessing Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757003

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul F. Hills

Mailing Address 18 Heron Lane

City

Barrington

State

IL

Zip Code

60010-5142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757004

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara Johnson

Mailing Address 385 Millennium Drive

City

Crystal Lake

State

IL

Zip Code

60012-3761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Hospital - McHenry

Occupation

Senior Vice President of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757005

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Deaton

Mailing Address 740 North Hayes

City

Oak Park

State

IL

Zip Code

60302-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Sr. VP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757034

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Nancy DeMarco

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Director of Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757035

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Lois DeTraglia

Mailing Address 1151 E. Warrenville Rd.

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.78

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757036

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara Filliung

Mailing Address 1013 59th Street

City

Lisle

State

IL

Zip Code

60532-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Senior Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.78

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757037

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Ms. Tamara Lynn Gamrat

Mailing Address 1911 Hamilton Street

City

Murphysboro

State

IL

Zip Code

62966-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Senior Risk Management Coordination

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.33

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757038

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ms Vicki Garretson

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Director, Malpractice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757042

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Ann C. Guild

Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.51

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757044

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ed Holzhauer

Mailing Address 1755 Maple Lane

City State Zip Code
Wheaton IL 60187-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.25

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757048

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Teresa Hursey

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.25

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757049

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Susan Kaufman

Mailing Address 1151 E. Warranville Rd.

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757052

Amount of Each Receipt this Period

650.00

B.

Full Name (Last, First, Middle Initial)

Ms. Nichole Magalis

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Senior Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757062

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Patricia Merryweather-Arges

Mailing Address 1151 E. Warrenville Road
PO Box 3015

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.25

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757070

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms Dianne O'Donnell

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Director, Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757072

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City

Springfield

State

IL

Zip Code

62707-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757080

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ted Lorenc, MD

Mailing Address 6710 Concord Trail

City

Crystal Lake

State

IL

Zip Code

60012-3147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Health System

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757082

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Angela McAuley

Mailing Address 1301 Winston Circle

City

Woodstock

State

IL

Zip Code

60098-3678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Hospital - Woods-
tock

Occupation

Director, Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757083

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Doug L. Rahn

Mailing Address 701 North First Street

City

Springfield

State

IL

Zip Code

62781-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health System

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757084

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Rosenberger

Mailing Address 32 Rock River Court

City

Naperville

State

IL

Zip Code

60565-6347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757085

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jason Sciarro

Mailing Address 14255 Castlebar Trail

City

Woodstock

State

IL

Zip Code

60098-8881

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757086

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kathleen C Yosko

Mailing Address P O Box 795

City

Wheaton

State

IL

Zip Code

60189-0795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marianjoy Rehabilitation
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757087

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel A. Parod

Mailing Address 2400 North Rockton Avenue

City

Rockford

State

IL

Zip Code

61103-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Memorial Hospital

Occupation

Senior Vice President Administrative A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757088

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Phillip M Kambic

Mailing Address 350 North Wall Street

City

Kankakee

State

IL

Zip Code

60901-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757089

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Evert J. Kuiper

Mailing Address 4001 Stoneledge Court

City

Godfrey

State

IL

Zip Code

62035-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Anthony's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757090

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. James C Leonard, M.D.

Mailing Address 611 West Park Street

City

Urbana

State

IL

Zip Code

61801-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carle Foundation Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757091

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jo Ann Spoor

Mailing Address 700 South Second Street

City

Springfield

State

IL

Zip Code

62704-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Director, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757099

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Laraine Williams

Mailing Address 1151 E. Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.25

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757104

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gary E Kaatz

Mailing Address 2400 North Rockton Avenue

City

Rockford

State

IL

Zip Code

61103-3692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757111

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. John Jurica, M.D.

Mailing Address 350 North Wall Street

City

Kankakee

State

IL

Zip Code

60901-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical Center

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757112

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Anil Godbole, MD., S.C.

Mailing Address 1893 Mission Hills Lane

City

Northbrook

State

IL

Zip Code

60062-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Illinois Masonic
Medical Cent

Occupation

Chairman, Dept. of Psychiatry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757114

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dolan Dalpoas

Mailing Address 130 Half Moon

City

Lincoln

State

IL

Zip Code

62656-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Abraham Lincoln Memorial
Hospital

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757115

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Aaron T. Shepley

Mailing Address 385 Millennium Drive

City

Crystal Lake

State

IL

Zip Code

60012-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Hospital - McHenry

Occupation

Senior Vice President, Chief Quality O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757116

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Danny Chun

Mailing Address 303 North Oak Park Avenue

City

Oak Park

State

IL

Zip Code

60302-2189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757117

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Ms. Joanne Fenton, , FACHE

Mailing Address 111 Spring Street

City

Streator

State

IL

Zip Code

61364-3332

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757118

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Maureen A Kahn

Mailing Address P O Box 7005

City

Quincy

State

IL

Zip Code

62305-7005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blessing Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757119

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Keith Allen Page

Mailing Address 6800 State Route 162

City

Maryville

State

IL

Zip Code

62062-8500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anderson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757120

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Russo

Mailing Address 1706 Seminole Lane

City

Godfrey

State

IL

Zip Code

62035-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Anthony's Health System

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757123

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Harry Wolin

Mailing Address P O Box 530

City

Havana

State

IL

Zip Code

62644-0530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mason District Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757124

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel J Woods

Mailing Address 503 North Maple Street

City

Effingham

State

IL

Zip Code

62401-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony's Memorial Ho-
spital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757125

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Englehart

Mailing Address 12840 Sycamore

City

Palos Heights

State

IL

Zip Code

60463-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate South Suburban
Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757126

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jonathan R. Bruss

Mailing Address 30 W 061 Kensington Drive

City

Warrenville

State

IL

Zip Code

60555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Good Samaritan
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757127

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles Derus

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757128

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard S Kowalski

Mailing Address 3333 North Seminary Street

City

Galesburg

State

IL

Zip Code

61401-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF St. Mary Medical Cent-
er

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757129

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Karen A Lambert

Mailing Address 450 West Highway 22

City

Barrington

State

IL

Zip Code

60010-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Good Shepherd Ho-
spital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757133

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dominic Nakis

Mailing Address 2268 River Woods Drive

City

Naperville

State

IL

Zip Code

60565-6351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757134

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Scott Powder

Mailing Address 1775 Dempster

City

Park Ridge

State

IL

Zip Code

60068-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Lutheran General
Hospital

Occupation
SVP, Strategic Planning & Growth

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757135

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Lee Sacks

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation

Executive Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757136

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Bomher

Mailing Address 1151 E. Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Association

Occupation

Senior VP, Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757137

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Dan

Mailing Address 511 Forest Mews

City

Oak Brook

State

IL

Zip Code

60523-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757143

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Scott Dimmick

Mailing Address 1324 North Sheridan Road

City

Waukegan

State

IL

Zip Code

60085-2161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Medical Center East

Occupation

Vice President of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757144

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Ms Bridgett Gibbons

Mailing Address 2132 West Warner

City

Chicago

State

IL

Zip Code

60618-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate South Suburban
Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757145

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Mr. James M. Hohner

Mailing Address 2159 W. Agatite

City

Chicago

State

IL

Zip Code

60625-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation

Director, Advocate Health Care Foundat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757146

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Roger S Hunt

Mailing Address P O Box 2850

City

Bloomington

State

IL

Zip Code

61702-2850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate BroMenn Regional
Medical Cent

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757147

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kenneth W Lukhard

Mailing Address 4440 West 95th Street

City

Oak Lawn

State

IL

Zip Code

60453-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Christ Medical
Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757148

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara J Martin, , R.N.

Mailing Address 1324 North Sheridan Road

City

Waukegan

State

IL

Zip Code

60085-2161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Medical Center East

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757149

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr William P Santulli

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation

Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757150

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. David L. Schreiner

Mailing Address 1435 Tilton Park Drive

City

Dixon

State

IL

Zip Code

61021-1437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Katherine Shaw Bethea Hos-
pital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757151

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City

Alexandria

State

VA

Zip Code

22301-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1034595124482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President & General Counse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1045726224482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. David Schulke

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.30

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1057462124482

Amount of Each Receipt this Period

176.46

P/R Deduction (\$58.82 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Sarah Berk

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1082532724482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

338.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1113464224482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lisa Allen

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.70

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1118928224482

Amount of Each Receipt this Period

61.74

P/R Deduction (\$20.58 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Mary Meadows

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1260472924482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

145.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Baskett

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.20

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1332167424482

Amount of Each Receipt this Period

47.73

P/R Deduction (\$15.91 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President Account Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1347703424482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1347703624482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

167.73

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Susan Gergely

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1347791024482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. John Slotman

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1384065324482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Sharon Allen

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Membership and Marketing Manager ASHHR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1474886224482

Amount of Each Receipt this Period

52.50

P/R Deduction (\$17.50 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

154.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City

Palatine

State

IL

Zip Code

60067-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

National Director Sponsorship and Under

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1475133724482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Stephanie H. Drake

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1492459924482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Monica D Day

Mailing Address 10224 Prince Place #205

City

Largo

State

MD

Zip Code

20774-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1516850624482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

162.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Elisa Arespacochaga

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1555656224482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Clinton S. Manning

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Asst. Director Advocacy & Member Commu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1555656524482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Kathy Poole

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1589439924482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Kehoe

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Publisher Vertical Magazines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.73

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1625368324482

Amount of Each Receipt this Period

50.01

P/R Deduction (\$16.67 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Kelly Redmond

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1625588824482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Hines

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.73

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1648726624482

Amount of Each Receipt this Period

50.01

P/R Deduction (\$16.67 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

142.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Lisa Grabert

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1671258624482

Amount of Each Receipt this Period

136.35

P/R Deduction (\$45.45 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr Robert P David

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1677512424482

Amount of Each Receipt this Period

136.35

P/R Deduction (\$45.45 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR327629124482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

392.70

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Debbie F. Weiner

Mailing Address 11004 Petersburg Drive

City

Rockville

State

MD

Zip Code

20852-3249

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR327745924482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR327771624482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR327777224482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

222.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President, Member Relations

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR327777824482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Executive Vice President

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR327801724482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Chief Executive Officer, AONE & Sr. Vi

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR327812024482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR327831724482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR327846224482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR327851924482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR327858024482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR327877824482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
#3002

City State Zip Code
Chicago IL 60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR327895724482

Amount of Each Receipt this Period

135.00

P/R Deduction (\$45.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Eileen M. Collins Offner

Mailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Director Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR327906124482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Judy Williams

Mailing Address One North Franklin Street

City	State	Zip Code
Chicago	IL	60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-ChicagoOccupation
Director Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR327918924482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR328132824482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

204.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara Lorschach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR328136924482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, SHSMD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR328174924482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR328223824482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

282.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR328241424482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR328260924482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR328341824482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Carla L. Luggiero

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR328490124482

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR328511824482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City State Zip Code
Arlington VA 22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR328512024482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. George Arges

Mailing Address One North Franklin St.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Senior Director, Health Data Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR328641124482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

President & CEO, AHA Solutions, Inc. &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR328913324482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR329013424482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. John R. Combes

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR329071324482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR329084424482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR329215724482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John Evans

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR329342624482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City

Chicago

State

IL

Zip Code

60626-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR329654224482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR330343324482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

144.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR330411624482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR330465224482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR330475424482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

222.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jennifer E. Mallard

Mailing Address 1025 Connecticut Avenue, NW
Suite 1000

City State Zip Code
Washington DC 20036-5417

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR330534324482

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR330547724482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City State Zip Code
Lake Forest IL 60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR330549224482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR331098324482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR331278824482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

893.29

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR331304224482

Amount of Each Receipt this Period

159.99

P/R Deduction (\$53.33 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

261.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR331379124482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR331386924482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Alex R. White, Sr.

Mailing Address 6225 US Hwy 290 E

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
AHA Regional Executive for TX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR331416024482

Amount of Each Receipt this Period

180.00

P/R Deduction (\$60.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

264.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Woodin Dale

Mailing Address 800 W. Central Road

City

Arlington Heights

State

IL

Zip Code

60005-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, ASHE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR331481324482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls St.

City

Falls Church

State

VA

Zip Code

22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR331533224482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR346168124482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

282.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President Executive Branch Relati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR517619724482

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR518031924482

Amount of Each Receipt this Period

90.00

P/R Deduction (\$30.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Laura M. Werner

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR560101524482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

252.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR566280924482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR766023724482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR801366324482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

162.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR876637224482

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Jennifer Armstrong Gay

Mailing Address 10702 Benning Way

City	State	Zip Code
Spotsylvania	VA	22551-4670

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Director Communication Strategies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR928186524482

Amount of Each Receipt this Period

47.73

P/R Deduction (\$15.91 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Senior Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR936292324482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

149.73

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David A. Strickland

Mailing Address One N. Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director Quality Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR939603924482

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

201065.69

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 261

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City	State	Zip Code
Sacramento	CA	95814

FEC ID number of contributing
federal political committee.**C** C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: 18680974

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Mailing Address Post Office Box 8600

City	State	Zip Code
Harrisburg	PA	17105-8600

FEC ID number of contributing
federal political committee.**C** C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: 18681080

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City	State	Zip Code
Madison	WI	53725-9038

FEC ID number of contributing
federal political committee.**C** C00359455

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9182.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: 18681777

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

21000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 261

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 18696887

Amount of Each Receipt this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

94800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 18720160

Amount of Each Receipt this Period

30000.00

C.

Full Name (Last, First, Middle Initial)

Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code
Madison WI 53725-9038

FEC ID number of contributing
federal political committee.

C C00359455

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9982.61

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 18727160

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

45800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 261

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 18756426

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Health Care Leadership Committee - Federal

Mailing Address Post Office Box 270496

City State Zip Code
St. Louis MO 63127-0496

FEC ID number of contributing
federal political committee.

C C00323576

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756604

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

81800.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 261

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Castle Campaign Fund

Mailing Address PO Box 133

City

Wilmington

State

DE

Zip Code

19899

FEC ID number of contributing
federal political committee.**C** C00254938

Name of Employer

Occupation

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: 18681029

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 261

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2085.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: 18726767

Amount of Each Receipt this Period

132.21

Interest

SUBTOTAL of Receipts This Page (optional)

132.21

TOTAL This Period (last page this line number only)

132.21

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 229 / 261

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

GMMB

Mailing Address 1010 Wisconsin Ave NW
Suite 800

City Washington State DC Zip Code 20007

Purpose of Disbursement
TV Advertising and Production, See Line 24

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18676315

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

-119092.00

TV Advertising and Production, See Line 24

B.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18726766

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

22.59

Bank Fee

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18755187

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

4.95

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)

-119064.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 230 / 261

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001	Transaction ID: 18755189 Date of Disbursement <div> <div>11</div> <div>05</div> <div>2010</div> </div>
City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>50.71</div> Merchant Fees
B. Full Name (Last, First, Middle Initial) Merchant Bankcard Mailing Address 1601 Elm Street City Dallas State TX Zip Code 75201 Purpose of Disbursement Merchant Fees Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 18755191 Date of Disbursement <div> <div>11</div> <div>03</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>87.40</div> Merchant Fees
C. Full Name (Last, First, Middle Initial) Paymentech Mailing Address 14221 Dallas Parkway Building Two City Dallas State TX Zip Code 75254 Purpose of Disbursement Merchant Fees Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 18755193 Date of Disbursement <div> <div>11</div> <div>04</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>192.46</div> Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ►

330.57

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18755199

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

62.72

Bank Fee

B.

Full Name (Last, First, Middle Initial)

Multi Media Services Corporation

Mailing Address 915 King Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

TV & Radio Advertising & Production, See Line 24

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18762869

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

-35000.00

TV & Radio Advertising &
Production, See Line 24

C.

Full Name (Last, First, Middle Initial)

Multi Media Services Corporation

Mailing Address 915 King Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

TV & Radio Advertising & Production, See Line 24

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18762870

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

-65000.00

TV & Radio Advertising &
Production, See Line 24

SUBTOTAL of Disbursements This Page (optional)

-99937.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Multi Media Services Corporation

Mailing Address 915 King Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
TV & Radio Advertising & Production, See Line 24

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18762871

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

-106000.00

TV & Radio Advertising &
Production, See Line 24

B.

Full Name (Last, First, Middle Initial)

Mentzer Media

Mailing Address 600 Fairmount Avenue
Suite 306

City
Towson

State
MD

Zip Code
21286

Purpose of Disbursement
Television Advertising & Production, See Line 24

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18780631

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

-78400.00

Television Advertising &
Production, See Line 24

C.

Full Name (Last, First, Middle Initial)

Mentzer Media

Mailing Address 600 Fairmount Avenue
Suite 306

City
Towson

State
MD

Zip Code
21286

Purpose of Disbursement
Television Advertising & Production, See Line 24

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18780870

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

-121600.00

Television Advertising &
Production, See Line 24

SUBTOTAL of Disbursements This Page (optional)

-306000.00

TOTAL This Period (last page this line number only)

-524671.17

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Blumenthal For Senate	Transaction ID: 18689454 Date of Disbursement
Mailing Address 777 Summer Street	<div> <div>10</div> <div>22</div> <div>2010</div> </div>
City Stamford State CT Zip Code 06901	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Mr. Richard Blumenthal	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District:	Contribution
B. Full Name (Last, First, Middle Initial) Committee To Reelect Congressman Chris Smith	Transaction ID: 18689457 Date of Disbursement
Mailing Address P.O. Box 3184	<div> <div>10</div> <div>22</div> <div>2010</div> </div>
City Hamilton State NJ Zip Code 08619	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>250.00</div>
Candidate Name Rep. Christopher H. Smith	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 04	Contribution
C. Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. For Congress	Transaction ID: 18689459 Date of Disbursement
Mailing Address P. O. Box 909	<div> <div>10</div> <div>22</div> <div>2010</div> </div>
City Columbus State GA Zip Code 31902	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Rep. Sanford D. Bishop, Jr.	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 02	Contribution

SUBTOTAL of Disbursements This Page (optional)

7250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Friends Of John Barrow Mailing Address PO Box 8166	Transaction ID: 18689460 Date of Disbursement <div> <div>10</div> <div>22</div> <div>2010</div> </div>
City Savannah State GA Zip Code 31412 Purpose of Disbursement Contribution Candidate Name Rep. John Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 12	Amount of Each Disbursement this Period <div>2000.00</div> Contribution
B. Full Name (Last, First, Middle Initial) Friends Of Jim Marshall Mailing Address 586 Orange Street City Macon State GA Zip Code 31201 Purpose of Disbursement Contribution Candidate Name Rep. Jim Marshall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 08	Transaction ID: 18689461 Date of Disbursement <div> <div>10</div> <div>22</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>2000.00</div> Contribution
C. Full Name (Last, First, Middle Initial) Paul Broun Committee Mailing Address P.O. Box 1512 City Athens State GA Zip Code 30601 Purpose of Disbursement Contribution Candidate Name Rep. Paul C. Broun Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 10	Transaction ID: 18689462 Date of Disbursement <div> <div>10</div> <div>22</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Team Emerson For Jo Ann Emerson

Mailing Address P.O. Box 822
400 Broadway, Suite 501

City State Zip Code
Cape Girardeau MO 63702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jo Ann Emerson

Office Sought: ☒ House
☐ Senate
☐ President

State: MO District: 08

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 18689463

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

B. Full Name (Last, First, Middle Initial)
Tom Reed For Congress

Mailing Address 99 W 1st Street

City State Zip Code
Corning NY 14830

Purpose of Disbursement
Contribution

Candidate Name
Mr. Thomas Reed

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 29

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 18689465

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

C. Full Name (Last, First, Middle Initial)
SAC PAC

Mailing Address 6380 Wilshire Blvd., #1612

City State Zip Code
Los Angeles, CA 90

Purpose of Disbursement
2010 Contribution

Candidate Name
SAC PAC

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18690948

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2010 Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) WEDGE PAC	Transaction ID: 18690967 Date of Disbursement
Mailing Address PO Box 680063	<div> <div>10</div> <div>20</div> <div>2010</div> </div>
City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Contribution	<div>2500.00</div>
Candidate Name WEDGE PAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	2010 Contribution
B. Full Name (Last, First, Middle Initial) Jobs, Opportunity & Education, PAC (JOEPAC)	Transaction ID: 18691531 Date of Disbursement
Mailing Address 84-54 Grand Avenue	<div> <div>10</div> <div>20</div> <div>2010</div> </div>
City Elmhurst State NY Zip Code 11373	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Contribution	<div>2000.00</div>
Candidate Name Jobs, Opportunity & Education, PAC (JOEPAC)	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	2010 Contribution
C. Full Name (Last, First, Middle Initial) Walden For Congress	Transaction ID: 18691710 Date of Disbursement
Mailing Address PO Box 1091	<div> <div>10</div> <div>20</div> <div>2010</div> </div>
City Hood River State OR Zip Code 97031	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Gregory P. Walden	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City
Dallas

State
TX

Zip Code
75382

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jeb Hensarling

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 05

Transaction ID: 18691773

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Betty Sutton For Congress

Mailing Address 1700 W Market St #155

City
Akron

State
OH

Zip Code
44313

Purpose of Disbursement
Contribution

Candidate Name
Rep. Betty S. Sutton

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 13

Transaction ID: 18691827

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

3000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

LoBiondo For Congress

Mailing Address P.O. Box 550

City
Vineland

State
NJ

Zip Code
08362

Purpose of Disbursement
Contribution

Candidate Name
Rep. Frank A. LoBiondo

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 02

Transaction ID: 18692359

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Wu For Congress

Mailing Address 818 Sw Third Ave., #1182

City Portland State OR Zip Code 97204

Purpose of Disbursement
Contribution

Candidate Name
Rep. David Wu

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 01

Transaction ID: 18695654

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Rehberg For Congress

Mailing Address PO Box 1597

City Helena State MT Zip Code 59624

Purpose of Disbursement
Contribution

Candidate Name
Rep. Dennis R. Rehberg

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District: 01

Transaction ID: 18695657

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jackie Speier For Congress

Mailing Address Post Office Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jackie Speier

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 12

Transaction ID: 18695661

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Defazio For Congress

Mailing Address PO Box 1316

City
Springfield

State
OR

Zip Code
97477

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Peter Anthony DeFazio

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 04

Transaction ID: 18695679

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Bill Owens For Congress

Mailing Address PO Box 1575

City
Plattsburgh

State
NY

Zip Code
12901

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Bill Owens

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 23

Transaction ID: 18695680

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Citizens To Elect Phil Roe To Congress

Mailing Address PO Box 3218

City
Johnson City

State
TN

Zip Code
37602

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. David Roe

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 01

Transaction ID: 18695681

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Steve Cohen For Congress

Mailing Address 349 Kenilworth Place

City State Zip Code
Memphis TN 38112

Purpose of Disbursement
Contribution

Candidate Name
Rep. Stephen Ira Cohen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 09

Transaction ID: 18695685

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Chuck Fleischmann for Congress

Mailing Address P.O. Box 11091
Suite 1000 James Building

City State Zip Code
Chattanooga TN 37401

Purpose of Disbursement
Contribution

Candidate Name
Mr. Charles Fleischmann

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 03

Transaction ID: 18695689

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

3000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Diane Black For Congress

Mailing Address 819 Plantation Blvd

City State Zip Code
Gallatin TN 37066

Purpose of Disbursement
Contribution

Candidate Name
Ms. Diane Black

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: 18695693

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Womack For Congress Finance CommitteeMailing Address 314 W Walnut
PO Box 508

City Rogers State AR Zip Code 72757

Purpose of Disbursement
ContributionCandidate Name
Mr. Steve Womack011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 03

Transaction ID: 18695695

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Kansans For Huelskamp

Mailing Address PO Box 410

City Fowler State KS Zip Code 67844

Purpose of Disbursement
ContributionCandidate Name
Mr. Timothy Huelskamp011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 01

Transaction ID: 18695703

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Stabenow for U.S. Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
2012 ContributionCandidate Name
Sen. Debbie Stabenow011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District:

Transaction ID: 18695704

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

2012 Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

McDowell for Congress Committee

Mailing Address P.O. Box 913

City Sault Ste. Marie State MI Zip Code 49783

Purpose of Disbursement
Contribution

Candidate Name
Mr. Gary McDowell

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 01

Transaction ID: 18695711

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rick Larsen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: 18695717

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

3000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement
Contribution

Candidate Name
Rep. David George Reichert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 08

Transaction ID: 18695722

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Brian Bilbray For Congress	Transaction ID: 18695723 Date of Disbursement
Mailing Address 991c Lomas Santa Fe Drive # 192	<div> <div>10</div> <div>20</div> <div>2010</div> </div>
City Solana Beach State CA Zip Code 92075	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Brian P. Bilbray	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Contribution
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Friends of Joe Baca	Transaction ID: 18695725 Date of Disbursement
Mailing Address 555 Capitol Mall Suite 1425	<div> <div>10</div> <div>20</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>100.00</div>
Candidate Name Rep. Joseph Baca	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Contribution
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Pat Meehan For Congress	Transaction ID: 18695729 Date of Disbursement
Mailing Address 50 S. Providence Road PO Box 308	<div> <div>10</div> <div>20</div> <div>2010</div> </div>
City Media State PA Zip Code 19063	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Mr. Patrick Meehan	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Contribution
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

6100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robert W. Goodlatte

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 06

Transaction ID: 18695732

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Boucher For Congress Committee

Mailing Address P.O. Box 2000

City Abingdon State VA Zip Code 24212

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rick Boucher

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 09

Transaction ID: 18695735

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Kind For Congress Committee

Mailing Address 205 5th Avenue South
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ron Kind

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: 18695981

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Democrats Win Seats PAC

Mailing Address 1071 Turin Branch Lane

City
Weston

State
FL

Zip Code
33326

Purpose of Disbursement

2010 Contribution

Candidate Name

Democrats Win Seats PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 18696448

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011

Category/
Type

2010 Contribution

B.

Full Name (Last, First, Middle Initial)

Childers For Congress

Mailing Address PO Box 177

City
Booneville

State
MS

Zip Code
38829

Purpose of Disbursement

Contribution

Candidate Name

Rep. Travis Wayne Childers

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State: MS

District: 01

Transaction ID: 18696449

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

011

Category/
Type

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Carolyn McCarthy

Mailing Address 151 Linden Road

City
Mineola

State
NY

Zip Code
11501

Purpose of Disbursement

Contribution

Candidate Name

Rep. Carolyn McCarthy

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 04

Transaction ID: 18696451

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

011

Category/
Type

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Adam Smith For Congress Committee

Mailing Address PO Box 23626

City State Zip Code
Federal Way WA 98093

Purpose of Disbursement
Contribution

Candidate Name
Rep. D. Adam Smith

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 09

Transaction ID: 18696453

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Latourette For Congress Committee

Mailing Address 320 Kenarden Dr.

City State Zip Code
Highland Hts. OH 44143

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steven C. LaTourette

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 14

Transaction ID: 18696485

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Serving America's Citizens - SAC PAC

Mailing Address PO Box 455

City State Zip Code
Alexandria VA 22313

Purpose of Disbursement
Void of 10/2010 Disbursement

Candidate Name
Serving America's Citizens - SAC PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18700594

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

-2500.00

Void of 10/2010 Disbursement

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Kirk For Senate Mailing Address P.O. Box 8	Transaction ID: 18700607 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div>
City Winnetka State IL Zip Code 60093 Purpose of Disbursement Void of 9/2010 Disbursement Candidate Name Rep. Mark Steven Kirk Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: IL District: Special-General2010	Amount of Each Disbursement this Period <div>-4000.00</div> Void of 9/2010 Disbursement <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Friends Of Bill Posey Mailing Address P. O. Box 360877 City Melbourne State FL Zip Code 32936 Purpose of Disbursement Void of 7/2010 Disbursement Candidate Name Rep. Bill Posey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 15	Transaction ID: 18723064 Date of Disbursement <div> <div>11</div> <div>05</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>-1500.00</div> Void of 7/2010 Disbursement <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Collins For Senate Mailing Address PO Box 1096 City Bangor State ME Zip Code 04402 Purpose of Disbursement 2014 Contribution Candidate Name Sen. Susan M. Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:	Transaction ID: 18726010 Date of Disbursement <div> <div>11</div> <div>08</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> 2014 Contribution <div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

-4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends Of Sherrod Brown

Mailing Address PO Box 76187

City
WashingtonState
DCZip Code
20013Purpose of Disbursement
2012 ContributionCandidate Name
Sen. Sherrod Brown011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: 18726014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

2012 Contribution

B.

Full Name (Last, First, Middle Initial)

Forward Together PAC

Mailing Address 201 N. Union Street
Suite 300City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
2010 ContributionCandidate Name
Forward Together PAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18755106

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

2010 Contribution

C.

Full Name (Last, First, Middle Initial)

Klobuchar For Minnesota

Mailing Address PO Box 4146

City
St PaulState
MNZip Code
55104Purpose of Disbursement
2012 ContributionCandidate Name
Sen. Amy Klobuchar011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District:

Transaction ID: 18755111

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Amount of Each Disbursement this Period

2000.00

2012 Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Denham For Congress	Transaction ID: 18755114 Date of Disbursement																				
Mailing Address 2150 River Plaza Dr #150	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Sacramento State CA Zip Code 95833	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Candidate Name Mr. Jeff Denham	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re																				
B. Full Name (Last, First, Middle Initial) Gardner For Congress	Transaction ID: 18755116 Date of Disbursement																				
Mailing Address PO Box 2408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Loveland State CO Zip Code 80539	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Mr. Cory Gardner	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re																				
C. Full Name (Last, First, Middle Initial) Friends Of Dennis Ross	Transaction ID: 18755117 Date of Disbursement																				
Mailing Address PO Box 7310	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	1	0												
City Lakeland State FL Zip Code 33807	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Mr. Dennis Ross	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Primary Debt Re																				

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dold For Congress

Mailing Address PO Box 8145

City
NorthfieldState
ILZip Code
60093Purpose of Disbursement
ContributionCandidate Name
Mr. Robert Dold011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District: 10

2010 General Debt Re

Transaction ID: 18755118

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Kansans For Huelskamp

Mailing Address PO Box 410

City
FowlerState
KSZip Code
67844Purpose of Disbursement
ContributionCandidate Name
Mr. Timothy Huelskamp011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: KS District: 01

2010 General Debt Re

Transaction ID: 18755119

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Huizenga For Congress

Mailing Address 441 William Court

City
ZeelandState
MIZip Code
49464Purpose of Disbursement
ContributionCandidate Name
Mr. William Huizenga011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: MI District: 02

2010 General Debt Re

Transaction ID: 18755123

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Amount of Each Disbursement this Period

4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Friends Of Joe Heck	Transaction ID: 18755181 Date of Disbursement																				
Mailing Address PO Box 750114	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Las Vegas State NV Zip Code 89136	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Mr. Joe Heck	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re																				
B. Full Name (Last, First, Middle Initial) Friends Of Frank Guinta	Transaction ID: 18755192 Date of Disbursement																				
Mailing Address P.O. Box 877	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Manchester State NH Zip Code 03105	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Mr. Frank Guinta	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re																				
C. Full Name (Last, First, Middle Initial) Bass Victory Committee	Transaction ID: 18755206 Date of Disbursement																				
Mailing Address PO Box 3451	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Concord State NH Zip Code 03302	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Charles Bass	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Jon Runyan For Congress Mailing Address PO Box 225	Transaction ID: 18755207 Date of Disbursement <div> <div>11</div> <div>16</div> <div>2010</div> </div>
City Colonia State NJ Zip Code 07067 Purpose of Disbursement Contribution Candidate Name Mr. Jon Runyan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re	Amount of Each Disbursement this Period <div>5000.00</div> Contribution
B. Full Name (Last, First, Middle Initial) Richard Hanna For Congress Mailing Address 2308 Genesee Street City Utica State NY Zip Code 13502 Purpose of Disbursement Contribution Candidate Name Mr. Richard Hanna Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re	Transaction ID: 18755210 Date of Disbursement <div> <div>11</div> <div>16</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> Contribution
C. Full Name (Last, First, Middle Initial) Tom Reed For Congress Mailing Address 99 W 1st Street City Corning State NY Zip Code 14830 Purpose of Disbursement Contribution Candidate Name Mr. Thomas Reed Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re	Transaction ID: 18755221 Date of Disbursement <div> <div>11</div> <div>16</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>2000.00</div> Contribution

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Chris Gibson For Congress

Mailing Address PO Box 247

City
Kinderhook

State
NY

Zip Code
12106

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Mr. Chris Gibson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: NY District: 20

2010 General Debt Re

Transaction ID: 18755223

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mike Kelly For Congress

Mailing Address PO Box 476

City
Lyndora

State
PA

Zip Code
16045

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Mr. George Kelly

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: PA District: 03

2010 General Debt Re

Transaction ID: 18755236

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jeff Duncan For Congress

Mailing Address PO Box 732

City
Clinton

State
SC

Zip Code
29325

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Mr. Jeff Duncan

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: SC District: 03

2010 General Debt Re

Transaction ID: 18755237

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Chuck Fleischmann for Congress	Transaction ID: 18755238 Date of Disbursement																				
Mailing Address P.O. Box 11091 Suite 1000 James Building	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Chattanooga State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Mr. Charles Fleischmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re																				
B. Full Name (Last, First, Middle Initial) Diane Black For Congress	Transaction ID: 18755240 Date of Disbursement																				
Mailing Address 819 Plantation Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Gallatin State TN Zip Code 37066	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Ms. Diane Black	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re																				
C. Full Name (Last, First, Middle Initial) Bill Flores For Congress	Transaction ID: 18755241 Date of Disbursement																				
Mailing Address PO Box 6207	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Bryan State TX Zip Code 77805	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Mr. Bill Flores	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re																				

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Jaime Herrera For Congress	Transaction ID: 18755243 Date of Disbursement																				
Mailing Address PO Box 1614	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Ridgefield State WA Zip Code 98642	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Mr. Jaime Herrera	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re	Contribution																				
B. Full Name (Last, First, Middle Initial) Votetipton.Com	Transaction ID: 18755245 Date of Disbursement																				
Mailing Address PO Box 846	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Cortez State CO Zip Code 81321	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Mr. Scott Tipton	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re	Contribution																				
C. Full Name (Last, First, Middle Initial) Hartzler for Congress	Transaction ID: 18755359 Date of Disbursement																				
Mailing Address PO Box 531	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Harrisonville State MO Zip Code 64701	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Ms. Vicky Hartzler	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re	Contribution																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>12500.00</td> </tr> </table>	12500.00																			
12500.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td>161350.00</td> </tr> </table>	161350.00																			
161350.00																					

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

McNerney For Congress

Mailing Address 6520 Village Parkway
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement
2010 Recount Donation

Candidate Name
Rep. Jerry McNerney

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 11

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18726012

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2010 Recount Donation

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee GMMB		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 1010 Wisconsin Ave NW Suite 800		Amount 119092.00	
City Washington State DC Zip Code 20007		Transaction ID: 18672731	
Purpose of Expenditure TV Advertising and Production		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Dennis A. Cardoza		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 119092.00		2010	
Full Name (Last, First, Middle, Initial) of Payee McCarthy Marcus Hennings, Ltd.		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Mailing Address 1850 M Street, NW Suite 235		Amount 5183.48	
City Washington State DC Zip Code 20036		Transaction ID: 18781064	
Purpose of Expenditure Television Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Patrick J. Tiberi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 126783.48		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		124275.48	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Melinda Hatton Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 258 / 261

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McCarthy Marcus Hennings, Ltd.		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 1850 M Street, NW Suite 235		Amount 5093.48	
City Washington State DC Zip Code 20036		Transaction ID: 18781202	
Purpose of Expenditure Television Production		Office Sought: <input checked="" type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Lee Terry		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 83493.48		2010	
Full Name (Last, First, Middle, Initial) of Payee Mentzer Media		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 600 Fairmount Avenue Suite 306		Amount 78400.00	
City Towson State MD Zip Code 21286		Transaction ID: 18780598	
Purpose of Expenditure Television Advertising		Office Sought: <input checked="" type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Lee Terry		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 161893.48		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		83493.48	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Melinda Hatton Signature		Date MM / DD / YYYY 12 / 02 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mentzer Media		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 600 Fairmount Avenue Suite 306		Amount 121600.00	
City State Zip Code Towson MD 21286		Transaction ID: 18780835	
Purpose of Expenditure Television Advertising		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Patrick J. Tiberi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Multi Media Services Corporation		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 915 King Street		Amount 106000.00	
City State Zip Code Alexandria VA 22314		Transaction ID: 18682157	
Purpose of Expenditure TV & Radio Advertising & Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. James W. Gerlach		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		227600.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Melinda Hatton Signature		Date MM / DD / YYYY 12 / 02 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Multi Media Services Corporation		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 915 King Street		Amount 35000.00	
City State Zip Code Alexandria VA 22314		Transaction ID: 18683637	
Purpose of Expenditure Radio Advertising & Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Charles W. Dent		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
35000.00			
Full Name (Last, First, Middle, Initial) of Payee OnMessage Inc.		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 815 Slaters Lane		Amount 123500.00	
City State Zip Code Alexandria VA 22314		Transaction ID: 18681887	
Purpose of Expenditure Radio Advertising & Production		Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Mark Steven Kirk		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
123500.00			
(a) SUBTOTAL of Itemized Independent Expenditures		158500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Melinda Hatton Signature		Date MM / DD / YYYY 12 / 02 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER C C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Multi Media Services Corporation		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
Mailing Address 915 King Street		Amount 65000.00	
City Alexandria		Transaction ID: 18685039	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: PA	
Zip Code 22314		<input type="checkbox"/> Senate District: 15	
Purpose of Expenditure Television Advertising & Production		<input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Charles W. Dent		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought		<input type="checkbox"/> Other (specify) : _____ 2010	
100000.00			

(a) SUBTOTAL of Itemized Independent Expenditures	65000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	658868.96

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton
Signature

Date M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 1 0